UNIVERSITY OF PENNSYLVANIA

A CHANGING PSYCHOLOGY IN SOCIAL CASE WORK

VIRGINIA P. ROBINSON

A THESIS

IN SOCIOLOGY

PRESENTED TO THE FACULTY OF THE GRADUATE SCHOOL IN
PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF DOCTOR OF PHILOSOPHY

PHILADELPHIA

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Appreciatively

TO

THE PENNSYLVANIA SCHOOL

OF

SOCIAL AND HEALTH WORK

"Objectivity consists in so fully realizing the countless intrusions of the self in everyday thought and the countless illusions which result—illusions of sense, language, point of view, value, etc.—that the preliminary step to every judgment is the effort to exclude the intrusive self. Realism, on the contrary, consists in ignoring the existence of self and thence regarding one's own perspective as immediately objective and absolute. Realism is thus anthropocentric illusion, finality—in short, all those illusions which teem in the history of science. So long as thought has not become conscious of self, it is a prey to perpetual confusion between objective and subjective, between the real and the ostensible; it values the entire content of consciousness on a single plane in which ostensible realities and the unconscious interventions of the self are inextricably mixed."—Jean Piaget, *The Child's Conception of the World.*

"Man muss mit anderen Worten die Sprache des Andern erlernen und nicht ihm das eigene geläufige Idiom aufzwingen."—Otto Rank, *Technik der Psychoanalyse.*

PREFACE

This study was undertaken as a fulfillment of the thesis requirement for a doctorate. As the problem evolved in my mind the study ceased to have any external obligatory character and became the organization and expression of my own thought and philosophy in the case work field. This philosophy has been taking shape over the twenty-year period of my association with social work, particularly during the past ten years of my interest as a teacher of social case work. While the following pages have been written solely out of the necessity to organize my own thinking and not from any consideration of the needs of the case work field, in publishing this book I have had in mind an audience of teachers, supervisors, and case workers who are occupied, as I am, with these problems of relationship.

Because the interpretations which I have set forth here have found so intimate a synthesis in my own mind I have no thought of claiming for them a wide acceptance in practice. I should like, therefore, to assume entire responsibility for the formulation advanced. At the same time, I wish to express appreciation of my indebtedness to the case workers with whom I have been associated and to my students for the discussions in which this point of view has evolved. Particularly I wish to acknowledge my indebtedness to my friend Jessie Taft, from whose thinking it is impossible to disentangle my own, and to the following individuals for help and encouragement in reading the manuscript: Goldie Basch, Almena Dawley, Karl de Schweinitz, Edith Everett, Irene Liggett, Elizabeth McCord, Margaret Pierce, Kenneth

Pray, W. Carson Ryan, Jr., Katharine Tucker, and Elsa Ueland.

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VIRGINIA P. ROBINSON

Philadelphia
October 31, 1930

INTRODUCTION

THE social case work movement in the past fifty years presents a picture almost kaleidoscopic in its shifting emphasis. To discern the growth process which underlies and gives continuity to the phases of this movement requires more perspective perhaps than the fifty years of its history permits. As one surveys the field in 1930 in search of recognized standards, common philosophy, and accepted practices, one is struck by the rapid changes in point of view and method which put an interpretation out of date before it can be formulated; and again by the confusing differences in point of view, philosophy, and method in use at the same time in different sections of the country and in different agencies.

Awareness of these differences operates as a source of disturbing insecurity to case workers today. In these days of transition, with social conditions undergoing constant transformation, with moral standards in flux, social workers are expected to maintain some conviction as to the direction and goal of these movements. While the natural sciences are abandoning their concepts of fixed law and replacing them by a concept of relativity, the social sciences and therapies concerned with human behavior are still seeking for law and causation. For social workers, however, certainty cannot be found in the social order or in any conceivable reconstruction of it, and behavior has become, with increasing study and understanding, too complex in its forms and conditionings to be forced under any laws of control. In the days of Josephine Shaw Lowell, Zilpah Smith, and Octavia Hill, the social case worker could proceed upon the safe and satis-

fying guarantee of principle and rule behind her. The worker today can only envy the assurance of Miss Lowell in 1884 when she writes on "Methods of Charity" in these words:

I speak of "our science" because fortunately the task of dealing with the poor and degraded has become a science, and has its well defined principles, recognized and conformed to, more or less closely, by all who really give time and thought to the subject. . . .
From all parts of the world the testimony of the expert is the same, and it is this fact which makes our task so encouraging. We have set ourselves to work to "strengthen such as do stand, to comfort and help the weak-hearted, and to raise up those who fall," and to have found out how this is to be done, is to have taken one step, at least, towards success.[1]

In contrast with this let me quote a description of an attitude which Dr. Eddington ascribes to modern physicists in this incident:

Nowadays whenever enthusiasts meet together to discuss theoretical physics the talk sooner or later turns in a certain direction. You leave them conversing on their special problems or the latest discoveries; but return after an hour and it is any odds that they will have reached an all-engrossing topic—the desperate state of their ignorance. This is not a pose. It is not even scientific modesty, because the attitude is often one of naïve surprise that Nature should have hidden her fundamental secret successfully from such powerful intellects as ours. It is simply that we have turned a corner in the path of progress and our ignorance stands revealed before us, appalling and insistent.[2]

[1] Josephine Shaw Lowell, Preface to *Public Relief and Private Charity*.
[2] A. S. Eddington, *The Nature of the Physical World*, p. 179.

Somewhere in between these two attitudes of assurance and confession of ignorance stands the attitude of case work today. The growth in knowledge and point of view in this field in the past fifty years has been phenomenal. Looking back over this development from the viewpoint of 1930, it is clear that social workers are no longer dealing with the same concepts, the same values, or even with the same facts that they were occupied with in 1880. This is not to imply merely that they have moved on to new definitions but that actually, within this field of personality and social relationships, they have, in the process of working, discovered new facts and created new values. The case work relationship between worker and client is essentially different from what it was in 1880, or 1900, or 1920, because personality has grown in these years not only in understanding but in capacity for relationship. The increasing consciousness of personality facts in the past five years, through all fields of science and knowledge and the overwhelming popularization of this knowledge through literature, education, and social work, have brought about a new level of personality development, a greater degree of self-consciousness, a greater capacity for seeing the other person as a different individual. A class of students just from college entering a school of social work in 1930 approaches the problem of trying to analyze and understand the behavior of an individual with awareness of more varieties of differences in behavior and in experience and with greater sensitivity to the ambivalences which operate in the case work contact than did a class in 1920. The explanation seems to lie in the greater awareness of the facts of personality with which they have been surrounded everywhere—in the

home, in the school, in the college—and in the responses which they have been making to these facts in their own experience.

What has just been said of students by way of illustration, is applicable to the whole case work movement. New values have developed in the experience and consciousness of case workers as they have come into closer contacts with human problems. These values are psychological in contrast to economic, religious, moral, or sociological values. To articulate these values, to define them clearly in relation to other values, to conceive the goals of treatment in terms which will relate these values organically; here is a task which social case work might do well to accomplish within another fifty years.

At the present time it is caught between the pressure of its own tremendous absorption in the psychological and the demand from other interests both within as well as outside the field. Endowed as it is with the responsibility of helping to maintain and to improve the social order, it is threatened from without by the change and uncertainty in established institutions, in moral standards and social norms. Furthermore, an even more serious inner source of insecurity arises in the conflict between these norms and the new personality values in relation to which social case work in the evolution of its own self-conscious practice in human relationships is essentially creative.

Gradually, out of the quandary which contemplation of the social case work movement in the period between 1928 and 1930 presented, I arrived at this point of departure for study. It seemed to me worth while to isolate one trend, the interest in psychological values, which I

see as the most vital, the most dynamic force in this movement. This study, then, will limit itself in history to following this trend through the background of influences leading up to the psychological emphasis of the present day. It will attempt to define the significance of such emphasis in the present decade and its effect upon other values in social case work; it will raise some of the problems which this emphasis creates in treatment. I have no intention of surveying or interpreting the case work field as a whole. To choose one basis of interpretation is necessarily to minimize, perhaps even to ignore, other important approaches. However, objective studies of various fields of case work are rapidly becoming available through a series published by Harper and Brothers,[3] and there seems, therefore, little need for a general survey here.

In the second part of this study, in using the concept of relationship as a basis for interpretation, I realize that I have gone beyond any articulated philosophy of case work; not, I believe, beyond what is implicit in certain trends of present practice.

This formulation will have served its purpose if it suggests problems rather than solves them, and if it stimulates others to the formulation of differing points of view. I am convinced that case work theory must progress as other scientific theory has progressed, by the frank expression of difference, by discussion, argument, controversy. Another ten years and the process will have moved forward, the problems will have shifted to another focus, new values will have emerged out of the relationships which case workers are creating, and the

[3] Louise C. Odencrantz, *The Social Worker* (Harper's Social Science Series).

movement will demand a new and different formulation. The formulation I have attempted in the following pages has no value beyond the temporary one of serving as a step in this process, on the basis of which new and more nearly adequate formulations may be made in succeeding phases of the movement.

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PART I

SOCIAL CASE WORK BEFORE 1920
THE EMERGENCE OF THE INDIVIDUAL

CHAPTER I

EARLY BACKGROUNDS

SEARCH for an understanding of the problems and conflicts in modern social case work must take us back to its origins in a movement animated by a very different drive. "Charity," "Philanthropy," "Relief," "Correction," were the first watchwords of social work in America. By the year 1840 there were over thirty private relief-giving societies in the city of New York, associations instituted "on the principle of providing for particular classes of the indigent, which united moral objects with the relief of physical want."[1] From the first, giving was tied up with the problem of restraint in giving, since along with the community's concern for suffering and poverty and its desire to relieve itself of the pain of this burden, went a fear as great that relief of poverty would contribute to its increase. This fear had far-reaching roots in the English treatment of its serious problem of poverty leading up to the Poor Law Reforms of 1834 for the protection of the community against the demands and impositions of its poor. The reports of the charitable societies of the nineteenth century show clearly the origin of the philanthropic motive in the desire to rid the community of the unpleasantness of having to live with its poor, and, at the same time, the necessity to restrain and to punish to avoid spoiling the poor. Since relief had to be given, it had to be administered in such a way as to carry with it a measure of discipline, a measure of warning, and a measure of reform. This point of view stands out in the 1818 report of The Society for the Prevention of Pauperism which

[1] Edward T. Devine, *The Principles of Relief*, p. 315.

Devine quotes as giving the most positive enunciation of the modern idea of that period:

> Let the moral sense be awakened and the moral influence be established in the minds of the improvident, the unfortunate, and the depraved. Let them be approached with kindness and an ingenuous concern for their welfare; inspire them with self-respect and encourage their industry and economy; in short, enlighten their minds and teach them to take care of themselves. Those are the methods of doing them real and permanent good and relieving the community from the pecuniary exactions, the multiplied exactions and threatening dangers of which they are the authors.[2]

The fear and impatience of the last sentence cannot be missed: "To relieve the community from exactions and threatening dangers."

A new regard for the individual rather than pity or disgust or fear for his poverty appears in a critical reaction against the work of these earlier societies and the inauguration of a new movement, The New York Association for Improving the Condition of the Poor, in 1842. Its aims were expressed in the following statement:

> It was primarily and directly to discountenance indiscriminate alms-giving; to visit the poor at their homes, to give them counsel, to assist them when practicable in obtaining employment, to inspire them with self-respect and self-reliance, to inculcate habits of economy, industry and temperance, and whenever absolutely necessary, to provide such relief as should be suitable to their wants.[3]

Several societies modeled on the New York one were founded in other cities with their primary object the improvement of the condition of the poor rather than the

[2] *Ibid.*, p. 292.
[3] *Ibid.*, p. 317. Quoted from *Memorial of Robert M. Hartley*, p. 187.

giving of relief. They tended, however, to become purely relief societies, and the evils of indiscriminate giving, begging, and pauperism continued to increase until the charity organization movement became established in this country.

Strongly impressed with the necessity for reducing pauperism, overlapping of relief, and the activities of impostors as this organized movement was, nevertheless from the beginning there was a new consideration of the family in need, and appreciation for the individuality of the disadvantaged that went beyond pity and even beyond a sense of moral responsibility, some real feeling of the value of social relationships to the philanthropist as well as to the client, some dawning understanding of the treatment value of this relationship apart from any material changes it effected.

The first Charity Organization Society in this country, organized in Buffalo in 1877, grew out of serious conditions there, a report of the Poor Department in 1877 showing the expenditure of $147,000 for official relief during the year and an estimate of as much more given away by the relief associations, churches, private societies, and individuals. The first report of the Council of the Charity Organization Society of Buffalo in 1879 states, "It was believed that nearly one in seven of our population was wholly or in part supported by charity, and that one-half of the enormous sum distributed to them was thrown away on impostors and the undeserving, either through lack of thorough investigation or from want of organized coöperation."[4] In the first ten years a saving of half a million in poor relief was claimed. But much more interesting for the development of case work was the atti-

[4] *Fifty Years of Family Social Work 1877-1927*, p. 18.

tude towards its clients which marked this society from the start. This attitude is described in the report of 1879 as follows:

> Now the first thing we did was to lay it down as a rule that the District Office should be near the center of the district, in order to be easy of access to the poor, and that, if practicable, it should be in the dwelling house of the paid Agent who was to have charge of the district, so that there should be no tint of officialism about our work, but that the poor might come to a real home, with home surroundings, and thus be, perhaps unconsciously, bettered by the contact.[5]

The motto adopted by the society was the motto of the Boston Society inspired by Octavia Hill, "Not alms but a friend."

It will not be possible or necessary to trace in detail the development of the charity organization movement in this country, a task already well done by Dr. Watson.[6] It is sufficient to show the growth of its point of view towards the individual in his social relationships developing out of the contacts between visitors and the poor. This development can be observed in the papers given under the section on the Charity Organization Society, later known as the section on the Family in the *Proceedings of the National Conference of Social Work*.

In 1880, the first report of the charity organization movement was given before the National Conference.[7] In its statement of objectives, two different emphases were apparent, on the one hand, the old concern for pauperism and its control and, on the other, the new interest in the

[5] *Ibid.*, p. 20.

[6] Frank D. Watson, *The Charity Organization Movement in the United States.*

[7] *Proceedings of the Seventh Annual Conference of Charities and Correction*, 1880, p. 127.

individuals revealed to the visitors. Papers with the first object in mind discussed relief giving, how to diminish indiscriminate and duplicate giving, how to distinguish between worthy and unworthy. A different note was struck in an article in 1885 on "The Personal Element in Charity," which called attention to the "personal and peculiar need of all manner of impotent folk," and continued, "the ultimate object of this organized movement is to reach the individual. While for purposes of investigation and control of causes it deals with classes, yet its thought is to reach the individual man . . . thus its broad object is restoration not detection of impostors, not relief."[8] Buzelle in 1886 discussing "Individuality in the Work of Charity," made an even stronger statement—"Classifications of our fellow men are apt to prove unsatisfactory under the tests of experience and acquaintance with the individual. The poor, and those in trouble worse than poverty, have not in common any type of physical, intellectual or moral development which would warrant an attempt to group them as a class."[9]

Here is the enunciation of the principle of individualization, the foundation of modern case work. This principle of individualization, at first most vague and undefined, began to gain content in terms of certain types of families singled out for special study, for instance, drunkards' families and poor widows with dependent children. The analysis of the situations under these classifications was very general and superficial, and treatment was dogmatic and stereotyped. As late as 1895, a National Conference speaker offered three headings under which all cases known to the Associated Charities could be clas-

[8] *Proceedings of the National Conference of Charities and Correction*, 1885, p. 341.

[9] *Ibid.*, 1886, pp. 187-88.

sified: cases of "degradation, destitution, and of conditions requiring special work for children."[10] That sociology had not progressed much further in analysis of types is evident from Professor Giddings' paper before the National Conference in 1895, "Is the Term Social Classes a Scientific Category?" in which he named four scientific categories under which society could be classified, "social, non-social, pseudo-social, and anti-social."[11]

The children's sections during these years indicated the same effort to find types with stereotyped treatment for each, such as delinquent, crippled, and deformed children. But the realization of the need of more knowledge of families and individuals before classifications can be made forced itself occasionally into the discussions of investigation as, for example, when Devine pointed out that the wood yard or work test cannot be a substitute for knowledge as some claim "since investigation should afford knowledge of conditions."[12] Also, we must assume that from the first the friendly visitor, and there were six hundred in Boston alone in 1884, achieved her success with her families through a rare individualization of each one, even though her understanding was intuitive only, and her methods, as laid down in the Hand-Book for Friendly Visitors of the New York Society,[13] were advice, persuasion, and exhortation.

Mary Richmond in her book *Friendly Visiting Among the Poor,* published first in 1899 and reprinted as late as 1910, made an interesting statement of the relationship of the friendly visitor to her family. "Friendly visiting means intimate and continuous knowledge of and sym-

[10] *Ibid.*, 1895, p. 87.
[11] *Ibid.*, p. 115.
[12] *Ibid.*, 1897, p. 197.
[13] *Hand-Book for Friendly Visitors Among the Poor,* compiled by the Charity Organization Society of the City of New York, 1883.

pathy with a poor family's joys, sorrows, opinions, feelings, and entire outlook upon life. The visitor that has this is unlikely to blunder either about relief or any detail; without it he is almost certain, in any charitable relations with members of the family to blunder seriously."[14] Here is a recognition of the case work relationship itself as the most fundamental and important factor in treatment.

In 1900, William Smallwood of Minneapolis emphasized the importance of considering man rather than his condition and urged combining ethics, psychology, and economics with practical work.[15] But psychology and sociology were not advanced beyond case work in their knowledge of the individual and the motive forces of behavior. The following quotation from C. R. Henderson of the University of Chicago, Department of Sociology, and president of the National Conference in 1899, speaking on child saving, will serve to indicate how far we have to go before anything like our modern understanding of children and their adjustments is reached:

> For the most part the task is simple and hopeful; the homeless child is taken to a childless home, or to family care where love makes room for one more object of mercy and hope. Where a good home has been discovered, philanthropy has no further duty; the ordinary social forces take charge of the case. The old sad history is forgotten; with a new home begin new memories and a new career. But child saving is complicated by the intrusion of the incapable and the degenerate and perverted. Just as we were singing the triumph of environment over heredity, the stormy straits of adolescence had to be crossed, and some vicious ancestral trait burst through the weak film of acquired habit.[16]

[14] Mary Richmond, *Friendly Visiting Among the Poor*, p. 180.

[15] *Proceedings of the National Conference of Charities and Corrections*, 1900, p. 265.

[16] *Ibid.*, 1899, pp. 12-13.

While the knowledge of psychology was still undeveloped in 1900 and therefore individualization both in understanding and treatment was still on a superficial, intuitive basis, real development has taken place in family case work in analyzing social relationships and responsibilities. In the decade between 1890 and 1900, the family had emerged out of its covering of pauperism, though a needy family to be sure, and this family was being placed in relation to its community. Miss Richmond, then of the Philadelphia Society for Organizing Charity, in a paper presented in 1901[17] drew a chart to show the forces by which the family is surrounded, family forces, personal forces, neighborhood forces, civic forces, private charity forces, and public charity forces. In this chart the relation of community forces to the family was skilfully analyzed, but of the relationships within the family itself little was said or known.

In the period from 1900 to 1910, the social conscience was stirred to a sense of many wrongs in the social order other than poverty. Attention passed from the more obvious problems of poverty, defectiveness, and delinquency to a consideration of the improvement of living conditions for all members of the community. The National Conference meetings were full of discussions of neighborhood and civic improvement, working men's insurance, old age pensions, child labor, the promotion of health in home, school and factory. The emphasis on causes, the trend towards preventive work were marked in this decade. Statistics were discovered by social workers in the early years of the century and records analyzed to reveal the causes of dependency. In 1903, the following simple questionnaire to study causes was sent out by Edmond J.

[17] *Ibid.*, 1901, p. 300.

Butler of New York, chairman of the section on Needy Families in their Homes:

1. What are the general or specific causes which make for the pauperizing of the poor families in your state or community?

2. What remedies are applied to these causes and what new means or extensions of existing means would you recommend for making more effective the efforts of charity workers and the uplifting of destitute poor families?[18]

Devine, in his presidential address before the Philadelphia Conference in 1906, defined the social task of the age, to be "that the social causes of dependence shall be destroyed." He charged the charity organization movement with having failed to appreciate the importance of environmental causes of distress, with having fixed attention too much on personal weaknesses and accidents.[19] Dr. Lee Frankel in the same Conference, as chairman of the Committee on Needy Families, reported, "The committee offers the alluring proposition that poverty, the sordid, grinding poverty which eventually spells dependency, is eradicable and preventable." The causes of poverty he found to be four: (1) ignorance, (2) industrial inefficiency, (3) exploitation of labor, and (4) defects in government supervision of the welfare of citizens.[20]

Along with this effort to analyze and control the causes of poverty on the environmental side went an effort to analyze the causes within the individual, less successful because of the inadequate psychology of that period. W. H. McClain, then with the St. Louis Provident Society, in an article on "Relations Existing Between Defective Character and Dependency,"[21] classified the defects

[18] *Ibid.*, 1903, p. 274.
[19] *Ibid.*, 1906, p. 3.
[20] *Ibid.*, pp. 330, 334.
[21] *Ibid.*, 1907, p. 347.

of character which are factors in dependency, under seven headings: (1) inefficiency, (2) improvidence, (3) immorality, (4) stupidity, (5) intemperance, (6) shiftlessness, (7) ignorance. There is little analysis of these qualities. Shiftlessness was defined as "that defect in character which leads men and women to be careless in performing duties which they assume." One other quotation to show the naïveté of the psychological viewpoint of this period may be added from Edmond J. Butler in 1903:

From the foregoing we arrive at the logical conclusion that the greatest and noblest labor which may claim our attention is the preservation of the normal unity of the family. In no way can this be more effectively done than by a study of the needs of the family for its proper well being, by ascertaining the causes which make for its destruction and the means necessary to avert them, and by the application of these means. . . .

The positive direct causes of poverty show us at a glance the fact that they exist because of deficiencies in the development of the individual. Man's nature is threefold in character, physical, mental, and moral, and for the proper fulfillment of his duties it is necessary that his whole nature should be developed. If his physical nature be fully developed by habits of regular living, cleanliness of person, good food, temperance in eating and drinking and a sufficient amount of exercise or labor, he will develop a manly vigor that will require little stimulation and repel all tendencies to shiftlessness, indolence and habits of laziness. If his mental nature be fully developed by proper training of the mind, not only in matters commonly termed education but also on the lines of industrial and domestic knowledge, his will be an intellect that will forestall the evils which follow improvidence, lack of thrift, bad management and other variations of the common cause of ignorance. If his moral nature be fully developed by the proper training of nature's guide, the conscience, his physical, mental and moral forces will be so directed that all of his

actions will tend to raise him above the base desires which lead him to intemperance, crime, vice, desertion of family and all other disregard of duty.

In this analysis of man's nature and the means necessary for attaining his end we find a forcible warning to all persons who undertake to deal with positive causes of poverty. We are forced to realize the fact that if we hope to accomplish any good of a lasting or permanent character, our study and preventive work will have to be based upon a complete regard for man's entire nature and that any such study or work which ignores this demand can but result in confusion and failure.[22]

By 1910, the end of the first decade of the century, many national movements had been organized for preventive work, i. e., the National Association for the Study and Prevention of Tuberculosis in 1904, the National Desertion Bureau in 1911, the National Mental Hygiene Society in 1909. Various other agencies attacking some phase of prevention in the field of poverty were active locally, such as agencies for housing reform, for legal aid, for health care.

At the thirty-seventh annual conference in 1911, Homer Folks, president, discussed the rate of progress, stating: "Of the six standing committees of the conference of 1881, five dealt with institutions or relief, the sixth with immigration. Of the nine standing committees of this conference, four dealt with institutions or relief, while five, having to do with the improvement of living conditions, have been added."[23] He reviewed these movements and concluded that while the rate of progress had been erratic, it need not be slow and that social reform of social conditions was really within reach.

[22] *Ibid.*, 1903, pp. 275-78.

[23] *Ibid.*, 1911, pp. 1-8.

In this same year, 1911, Porter R. Lee, now director of the New York School of Social Work, defined the social function of case work as an "attempt to split up a large problem into units and to deal with those units efficiently and comprehensively,"[24] claiming for case work, therefore, a permanent function as an essential method in dealing with social problems.

By this time, the charity organization movement was well established in most cities and had a national organization as well. It had thought its way through several stages from mere almsgiving, through the organization of community sources for relief, to case work or treatment of the family as a whole that used relief only as a tool for family rehabilitation.

In the next decade, from 1910 to 1920, we are to see the introduction of new influences giving new content to the understanding and treatment of family and individual problems. These influences emanate from psychology and psychiatry but not from the academic psychology of the college classroom and laboratory, or from the institutionalized psychiatry of the hospitals for the insane. Both psychology and psychiatry had to come under the pressure of the practical problem of social workers, "What is to be done with this badly behaved individual in his home and community environment?" before they evolved the dynamic point of view of behavior commonly referred to as the "New Psychology" today. Looking back over the past fifteen years, we can see this point of view being forged out through the efforts to understand and deal with the recalcitrant individuals who would not stay put in community or institution, and to

[24] *Ibid.*, p. 261.

whose behavior already existing psychological and sociological categories did not apply.

The effect of this emphasis on the individual and on the motive forces of his behavior is profound and far reaching. Once the safe and sure controls of the social order, established institutions, and moral standards were loosened, the social worker found himself confronted with the blind forces of individual striving and maladaptive behavior, which must be understood before they could be controlled. The passion to understand the meaning of these forces carried the social worker over into active contact with other fields of knowledge which were studying and interpreting behavior.

CHAPTER II

INFLUENCES FROM SOCIOLOGY AND PSYCHOLOGY

THE choice of the year 1910 as a time to evaluate sociological and psychological contributions to the development of social case work may be somewhat arbitrary, but the date has significance for both fields by virtue of an abortive effort to relate them at this time in the organization of a national child welfare conference on which G. Stanley Hall, the president, comments:

> We desired that the new bureau at Washington . . . should be made the organic center of all child-study activities and should make it one of its chief functions to bring together workers in all fields, representatives of each of which, as there was abundant evidence to prove, often knew very little of the work of others, and so pool both knowledge and interest. The organization we here effected, however, made little appeal to those intent chiefly on the immediate practical work of mitigating abuses and ameliorating the conditions of childhood, so that research and welfare again showed their incompatibility and it was realized that the latter had little interest in the former, and the two drifted apart. Hence this organization proved to be ineffective and soon lapsed.[1]

Child study had been an active interest of G. Stanley Hall from 1883 on. Through the stimulation of Clark University the questionnaire method of studying children's minds, activities, and interests was carried far over the country. It called the attention of parents, teachers, and social workers to the adjustment difficulties of the living, active child as legitimate psychological problems

[1] *Life and Confessions of a Psychologist,* pp. 400-1.

and resulted in the accumulation of a large amount of observations and autobiographical material of real interest though not all of it was of scientific value. The most impressive publication from this period was G. Stanley Hall's book, *Adolescence*.[2] Other books on child psychology, such as A. S. Tanner's *The Child,* show a modern interest in behavior and growth but a limited capacity to interpret these problems.

Two other developments related to the child-study movement of far reaching importance for psychology and social case work should be noted, first, the recognition of sex as a factor in behavior, and, second, the elaboration of the mental testing technique as a method of studying individual differences.

The first introduction to the problems of sex as a legitimate field for scientific exploration came through the works of Krafft-Ebing, Forel, Moll, and Ellis, the latter probably with more influence upon the thinking of case workers. Ellis' *Studies in the Psychology of Sex* began to appear in 1897, the sixth and final volume, *Sex and Society,* having been published in 1910. In Volume I, Ellis proclaimed his interest in this field which led him through the tremendous work resulting in his six volumes: "I regard sex as the central problem of life. And now that the problem of religion has practically been settled, and that the problem of labor has at least been placed on a practical foundation, the question of sex—with the racial questions that rest on it—stands before the coming generations as the chief problem for solution. Sex lies at the root of life, and we can never learn to reverence life until we know how to understand sex."[3]

[2] In 1904.

[3] *Studies in the Psychology of Sex,* Vol. I, (General Preface), p. vi.

For years the six volumes gathered dust upon the closed shelves of the libraries that had the courage to buy them. Of the taboo on this subject even in the scientific field G. Stanley Hall says: "Up to and even during the great war psychological orthodoxy, especially in this country and England, almost entirely ignored this subject, and in our journals and on the programmes of our meetings it was rarely touched. Nor had it received much more attention in child-study circles."[4] Hall traces the change in attitude towards the significance of the sex factor to Freud's contribution from psychoanalytic studies.[5] But this influence was indirect and devious in its effect upon case work and must be traced through secondary influences later.

While the present decade is concentrating on the entire emotional life including the sex needs in understanding behavior, in the decade preceding, 1910-1920, the intellectual factor and its importance in determining individual difference and behavior was exaggerated. The interest in feeble-mindedness in relation to behavior and social problems dates back to Dugdale and his study of the Jukes of New York State reported to the National Conference of Social Work in 1877, but there was no consistent pursuit of this field of research until the working out of the Binet-Simon scale of measuring intelligence in 1905-1911 which offered a tool for studying this factor. It was seized upon with avidity by groups of workers who were balked by behavior problems, chiefly in the courts, and in feeble-minded, penal, and reformatory institutions. Later the scale and its various modifications found extended use in schools and colleges, in industry

[4] *Life and Confessions of a Psychologist,* pp. 408-9.

[5] Freud was brought to this country for lectures and conferences by Hall in 1910.

and the army. Some of the leaders in this group brought this point of view before the National Conference of Charities and Correction in 1911, Healy, Goddard, and Frank Moore, under a section called "Lawbreakers," giving papers on methods of studying the offender. Dr. Frank Moore of the New Jersey Reformatory for Boys pointed out the limitations of the emphasis on feeble-mindedness in this study but also felt that it constituted a valuable point of attack even though it was only one aspect of the problem and that the whole approach was a significant step in advance, "in that delinquency had come to be regarded as a disease to be treated instead of an offense to be punished."[6]

Many institutions developed research stations for studying the human material committed to their care. In the reformatory group, the interest and initiative of several very powerful and able women workers, Katherine B. Davis of the New York Reformatory for Women, Mrs. Martha Falconer of Sleighton Farms, Pennsylvania, Mrs. Jessie Hodder of Sherbourne Prison, Massachusetts, Maude and Stella Minor of Waverly House, New York, carried this movement very far. The first publications of the work of this group appeared in 1914, one based on a five-years' study to discover the causes of feeble-mindedness among the children in Vineland, New Jersey, by Dr. Henry Goddard,[7] the second, the result of five years' work with juvenile offenders in the Juvenile Court of Chicago, by Dr. William Healy.[8]

The resulting emphasis on the intellectual factor in individual difference and behavior dominated social case

[6] *Proceedings of the National Conference of Charities and Correction,* 1911, p. 66.

[7] *Feeble-mindedness. Its Causes and Consequences.*

[8] *The Individual Delinquent.*

work interpretations for some time. Feeble-mindedness was found to be a useful explanation for much anti-social, unmodifiable behavior and back of feeble-mindedness lay a final hereditary cause. Adequate treatment for so static and unmodifiable a factor lay outside of social case work method in segregation, sterilization, and other social and legal measures, so that the constant effect of the psychological emphasis of this period was to separate diagnosis and treatment. The case worker felt it to be an essential part of good case work procedure to have mental tests for any doubtful individuals in her family, but only in rare instances did the diagnosis lead to effective social treatment. Usually the individual remained in the community in spite of the diagnosis of his I. Q. as 60 or 70. The social worker must struggle with the consequences of his bad behavior as best she might.

While Healy's first studies of delinquents emphasized the individual's make-up chiefly in terms of intellectual ability in its relation to social behavior, other laboratories connected with reformatories and feeble-minded institutions interested themselves in family backgrounds following the method described by Dugdale in his study of the Jukes reported on to the National Conference in 1877.[9] The Eugenic Research Station at Cold Spring Harbor and any number of other institutions, were collecting elaborate histories of family backgrounds. These workers had usually no other training in gathering social data than that supplied by a summer's course at Cold Spring Harbor. On the basis of these data, rough and ready but final diagnoses of character and personality were made. Feeble-mindedness, insanity, epilepsy, alcoholism, and

[9] *Proceedings of the National Conference of Charities and Corrections*, 1877, p. 81.

some strange trait known as *SX* on the chart were inferred from the neighbors' or relatives' accounts of an individual's behavior and the application of Mendelian laws to the inheritance of these traits was discussed. Superficial and unscientific as the eugenic movement was, however, it made its contribution towards a social program for the treatment and control of the burden of feeble-mindedness. It achieved one particularly valuable point, without realizing its full implications, in the development of methods of studying individuals whose behavior constituted social problems, in calling attention to the social nature of feeble-mindedness and mental disease.

The interpretations of these research stations based on an emphasis on the intellectual factor were upset by observations of the behavior of individuals under institution conditions and on parole, where it was clear that the individual's adjustment capacity did not necessarily correlate definitely with intelligence. The recognition of the importance of emotional factors in the treatment of the feeble-minded was presented to the National Conference of Social Work in 1918 in a paper by Dr. Jessie Taft in which she suggested analysis of the feeble-minded into adjustment types, a study of the problem to determine how far anti-social behavior may be the result of prolonged maladjustment due to defective intellect, emotional and impulsive make-up complicated by bad environment and training. "May it not be possible that even in the field of intellectual defect, the insight of modern psychiatry as to the mental mechanisms which produce maladjustments in the intellectually normal may have a bearing?"[10]

From this time on there is increasing concentration

[10] *Proceedings of the National Conference of Social Work*, 1918, p. 547.

on the study of emotional factors in the behavior of delinquent and defective individuals. Psychiatrists were appointed on the staff of the research stations in institutions. The Reformatory for Women at Bedford Hills, New York, for instance, erected a Psychopathic Hospital for the purpose of more intensive study of its difficult behavior problems.[11] Laboratory psychology in its emphasis on intellect, tests, diagnosis, and classifications was found increasingly sterile by those whose necessity and whose passion was the understanding of human behavior and relationship, while psychiatry steadily assumed greater leadership in the discussion of the crucial problems of behavior and adjustment. To this new leadership case workers turned eagerly for light on the problems which psychology had failed to solve.

The early work of Dr. William Healy with juvenile delinquents reveals most clearly the growing strength of the drive to understand behavior and the refinement in the tools at its command as developed by sociology, psychology, and psychiatry. Healy began to publish in 1914 results of the five years' study of the Juvenile Psychopathic Institute in Chicago of which he was director. *The Individual Delinquent* in 1915 was rich in case histories and more thorough in its method of study, more penetrating in its insight in behavior and motive, than any other work from this field of this date. The outstanding points in Healy's contribution may be summed up as follows: first, Healy cut through the social problem of crime to its dynamic center in the individual offender,[12] and located the explanation of delinquent behavior in the mental life;[13]

[11] Mabel Ruth Fernald, etc., *A Study of Women Delinquents in New York;* Edith R. Spaulding, M.D., *An Experimental Study of Psychopathic Delinquent Women.*

[12] *The Individual Delinquent,* p. 22. [13] *Ibid.,* pp. 26, 28.

and second, he described treatment following from this localization of cause in the mental life as taking place in resolution of the mental conflict.[14]

He qualified this emphasis on mental life as the source of conflict by a recognition of the necessity for investigation of other factors:

> Notwithstanding all this, I fully realize that there are many cases in which sole dependence on the psychological standpoint would be a grave mistake. Repeatedly I have asserted the opinion, still held, that it is very difficult to decide which is in general the most important investigatory vantage ground—social, medical or psychological. The point is clear, however, that one can most surely and safely arrive at remedial measures through investigation of the mental factors.[15]

The diagnostic measures described include a careful physical, intelligence, and social study in addition to the psychoanalytic study which is Healy's peculiar contribution. The name "psychoanalytic" is a misnomer, however, and is replaced later by the term mental analysis for, however much he may have gained in his original point of view and approach to this problem from the psychoanalytic school, he soon became independent of its influence and developed his technique without reference to analytic procedure. His original emphasis on the importance of the emotional and unconscious factors in personality and behavior soon narrowed to an emphasis on "the mental conflict" involved in sex repression and usually associated in delinquent careers with stealing as a symptom. "Since nothing, by the innermost nature of animate beings, so stirs emotion as the affairs of sex life, taking this term in its broadest sense, it is to be presupposed that we should find most cases of mental conflict

[14] *Ibid.*, p. 31. [15] *Ibid.*, p. 31.

to be about hidden sex thoughts or imageries, and inner or environmental sex experiences."[16]

Mental Conflicts and Misconduct, the third book to follow *The Individual Delinquent,* gives the clearest account of Healy's original theory and method. His debt to the psychoanalytic school was clearly recognized in this book, which appeared in 1917, and the distinction between psychoanalysis and his own theory and method was carefully defined. The Preface thus explicitly states his independence, "I would have it thoroughly understood that our studies are tied to no one psychological school. The efforts at mental analysis which are here represented have been stimulated more by uncovering facts than by any theories, although I gratefully acknowledge the help to appreciation of principles which has been derived from various writers on psychoanalysis and kindred topics. It has been no small aid to scientific conviction that many others, even though working in separate fields, clearly discern that often there are covert mental mechanisms basically affecting attitudes and conduct."[17] In this book he definitely distinguished between the method of his own "mental analysis, the method of using the memory to penetrate into the former experiences of mental life,"[18] and the much more prolonged explorations of psychoanalysis. He went on to explain the Freudian concepts of the complex and repression as of primary importance in the explanation of delinquent behavior. "The complex has energy producing powers: by reason of this it may be, and often is, a great determiner of thoughts and actions."[19] A part of this complex may become cut off

[16] *Ibid.,* p. 353.
[17] *Mental Conflicts and Misconduct,* Preface.
[18] *Ibid.,* p. 20.
[19] *Ibid.,* p. 23.

by the process of repression and "continues to have its own existence as a separate unassimilated entity and to be possessed of a special energy."[20]

In the cases of young delinquents with whom he worked, Healy believed that the complex might lie very near the surface and that a slight exploration would often bring the entire conflict to light. Though qualifying this by the statement, "I am far from believing that our studies have explored the deepest mechanisms conceivably at the roots of misconduct,"[21] nevertheless he reiterated "At present, however, it is clear that mental conflict does often stand in causal relationship to misconduct and that the vital fact may be brought out by even a moderate amount of analysis."[22] Relief, often cure, followed the unearthing of the complex. "The solution of the problem and the cure of the trouble mainly lies in developing the individual's own cognizance of the essential association of facts. The task, thus, is the synthetic, conscious establishment of reality within the mental life."[23]

He described the method of unearthing this conflict to be based first on an attitude on the part of the observer which never condemns or judges, whose approach is sympathetic and patient and gives the impression that the inquiry "is born of the desire to help."[24] The inquiry as a short cut to the complex may press for the recall of the delinquent's earliest knowledge of social offenses. Indirect inquiry in regard to playmates, the source of sex knowledge, of bad words . . . may assist in reviving memories leading to the complex.[25] He discarded the use of artificial association tests, dreams, and symbolic interpretations of objects in vogue with other analysts, but did not,

[20] *Ibid.*, p. 26.
[21] *Ibid.*, p. 36.
[22] *Ibid.*, p. 36.
[23] *Ibid.*, p. 46.
[24] *Ibid.*, p. 58.
[25] *Ibid.*, pp. 60-61.

however, discard the inquiry into environmental factors so important to the social worker nor . . . the importance of treatment in the environment.[26]

Stimulating and illuminating as Healy's use of the concept of the mental conflict in diagnosis and treatment proved to be, it found its limitations shortly, in that it carried the investigation no further into a deeper level of understanding. Search for a particular sex trauma, as an objective fact, with corroboration from other sources of information, continued as an essential part of the Healy method. The confusion between psychological fact or the meaning of experience to the individual, and actual fact was never cleared up. There was need of such a distinction with a logic of psychological fact and a centering of interest on the entire personality instead of on its sporadic behavior and its underlying mental complexes before a satisfactory science of criminology could be recognized. That Healy made the first and the most outstanding contribution to this science cannot be denied.

A limitation of Healy's work in 1917, which operated to some extent destructively on case work, was the effort to establish conduct classifications and diagnostic terms. It is to Healy that we owe the inhibitory effect of the term "the constitutionally inferior" personality which figured so glibly in the case work records, and which Healy referred to as a "peculiar type of abnormality" showing a "strange lack of ability to adjust to the demands of society" but "who is by tests neither mentally defective nor insane."[27] The extent of this classification interest finds its clearest expression in a paper on "The Bearing of Psychology on Social Case Work" read before the National

[26] *Ibid.*, pp. 61, 66.

[27] *The Bearings of Psychology on Social Case Work, Proceedings of the National Conference of Social Work*, 1917, p. 109.

Conference of Social Work in Pittsburgh in 1917 where he says, "From psychology the social worker can learn the types of disability and peculiarity which are defined as entities, and I would insist that knowledge of these to the extent of comprehending how mental life is through these abnormalities in general affected and what their social implications are should be part of the basic equipment of all who in social work deal with human beings." There follows a presentation of his classification of mental abnormalities into (1) mental defect, (2) mental dullness from physical conditions, (3) constitutional inferiority, (4) mental aberrations (insanities, psychoses, psychopathics), (5) mental peculiarities.[28] The effect of this emphasis on diagnostic entities led the social worker to think in terms of mental status rather than behavior pattern and so maintained for case workers the same kind of dependence on the psychiatrist as existed with the psychologist and physician. The final key to understanding the individual in any aspect, his physical make-up, his mental capacity, or his personality equipment lay in the hands of another professional group, to be secured only through another scientific training which the case worker could not hope to acquire. Educational as these dependent alliances were, their inhibitory effect on independent organized thinking remains active to this day in the case worker's timidity in the interpretation of her own material.

[28] *Ibid.*, p. 107.

CHAPTER III

THE STIMULUS OF PSYCHIATRY

Psychiatry, for more than psychology, was to mold the point of view and approach of social case work from the year 1910. It was in this year that Dr. Adolf Meyer went from the Psychiatric Institute of New York to Phipps Psychiatric Clinic at Johns Hopkins, and Dr. August Hoch succeeded Dr. Meyer as director of the Institute transferred at that time to Ward's Island. These two men, leaders in the development of modern psychiatry, and those associated with them in the Institute, Phipps, and similar psychiatric hospitals and clinics, were to bring to social work from their studies of disordered mental functioning a more comprehensive and dynamic psychology and a new understanding of personality.

Psychiatry, itself, had only recently advanced from its old-time concern with custodial care of the "insane" to an interest in research and treatment. In 1850, treatment of the insane was dominated by Benjamin Rush (1745-1831) of the University of Pennsylvania Medical School, whose point of view can be inferred from the following statements: "The first object of a physician when he enters a cell or chamber of the average person should be to catch his eye and look him out of countenance. * * * If these means prove ineffectual to establish a government over deranged persons, recourse should be had to certain methods of coercion. * * * Among these methods are the straight waistcoat, the tranquilizing chair, the deprivation of customary pleasant food, and pouring cold water under the coat sleeve so that it may descend to the armpits."

If these methods failed, Rush regarded it as proper to resort to the "fear of Death."[1]

In England and other countries, care of the insane had developed without the use of restraint and observation of the amenable behavior of the inmates of English institutions led finally to the abolition of restraint in the better hospitals of this country by 1890. With the disappearance of restraint, new attitudes and relationships on the part of doctors and nurses were necessitated, and in response to these new attitudes, there appeared new and greater variety of behavior on the part of the patients. At the same time, the trend in medical treatment was away from the strenuous, depleting measures of Rush (blood-letting, emetics, cathartics), in favor of "supporting" treatment (baths, rest, etc.). With the growth of a more human approach on the part of the doctors and a more individualized response on the part of the patients, the emphasis in work for the insane began to shift from custodial care to an interest in study and treatment. The first scientific efforts in this direction were directed at organic and physiological causes, Dr. Meyer and Dr. Hoch both starting in pathological laboratories (Meyer at Kankakee, Illinois, in 1885, Hoch at McLean, Massachusetts, in 1895). The psychiatric hospitals and clinics beginning with the establishment of the Pathological Institute of the New York State Hospitals in New York in 1896, represented a further step towards scientific study and treatment, in that acute cases were separated from the chronic and given the best and most intensive study and treatment. It was in the observation of these acute cases, close to their everyday living situations in the environment and soon

[1] *The Institutional Care of the Insane in the United States and Canada,* I, 234.

to be returned to them, that analysis of the psychological and social factors in mental disorders went forward rapidly.

It was not long before the significance of this movement was seized upon by other workers engaged in the study of personality disorders and behavior difficulties. The research stations in reformatory institutions previously referred to turned to psychiatry for help with the extreme behavior problems not amenable to any institutional régime. At the New York Reformatory for Women, for instance, where a psychiatric hospital was built in 1916 as part of the equipment of the Laboratory of Social Hygiene for the study of women offenders, and in other laboratories, there was a close association of psychiatrist, psychologist, and social worker in research work and treatment.

The contribution of the psychiatric understanding and point of view was most definitely presented to social work in the organization of the National Committee for Mental Hygiene in 1909 following the organization of the Connecticut Committee by Clifford Beers, a recovered mental patient who told a convincing story of his experiences in *A Mind that Found Itself*. While the National Mental Hygiene Committee was organized primarily for the prevention of insanity through the control of some of the known causes of insanity, such as alcohol and venereal disease, the association with this movement by Clifford Beers, able to use his own experience in describing the transition from sanity to insanity and back again, called popular attention to the functional type of disorder. This was of sufficient significance for social work to receive attention in a presidential address before the National Conference in 1910, in St. Louis, when Jane Addams pointed

to two cases in hospitals for the insane "where reassurance and removal of dread were factors in the cure of that type of disordered mind which alienists define as 'due to conflict through poor adaptation'."[2]

In 1911, Dr. Adolf Meyer, of Phipps Psychiatric Institute in Baltimore, appeared on the program of the National Conference. The effect of his understanding of the depth and complexity of human problems, his conviction of the "endurance of the human organism and its capacity for adaptation,"[3] combined with his acceptance of social work as legitimately concerned in this field, had a far reaching influence.

The 1914 and 1915 conferences revealed the real sweep of the interest of psychiatry and psychology in social behavior and its control, with papers by such people as Dr. Meyer of Baltimore, Dr. Southard of Boston, Dr. Owen Copp of Philadelphia, Dr. Edith Spaulding of New York, Dr. Walter Fernald of Boston, Dr. Mabel Fernald of New York, and Dr. Goddard of New Jersey. Many of these papers were reports of research work done in studying individuals under custodial or institutional care, but throughout all the studies the borderline types that refused to stay institutionalized, baffling understanding and treatment, the high grade feeble-minded and the psychopathic delinquent, received most attention. Psychology and psychiatry combined in an effort to throw some light on the make-up of the psychopathic offender creating disorder in reformatories and correctional institutions. In 1918, a sharper contact with psychiatry came about as a result

[2] *Proceedings of the National Conference of Charities and Correction,* 1910, p. 13.

[3] Adolf Meyer, "Where Should We Attack the Problem of the Prevention of Mental Defect and Mental Disease?" *Proceedings of the National Conference of Charities and Correction,* 1915. pp. 298-307.

of the war and the interest of psychiatrists in the readjustment problems of soldiers. The Smith College Training School for Psychiatric Social Work was organized in 1918 and psychiatry swept the National Conference of Social Work at Atlantic City in 1919. Salmon, Southard, Glueck, Campbell, Dunham, Williams and White contributed advice and guidance, from their psychiatric knowledge and experience, to the tremendous task recognized as a social case work job, of adjusting the mentally disabled to peace conditions. From this time on this contact has grown steadily closer, leading to the Child Guidance Clinics and Institutes for Child Guidance of the present day in which psychiatrist, psychologist, and social worker explore and treat together the problems of the child's adjustment.

CHAPTER IV

EARLY PSYCHOANALYTIC INFLUENCES

It is important to examine the extent of influence of the psychology of the psychoanalytic movement in America at this point though the more significant effect of this psychology on social case work is to come much later. The first contact with the founder of this movement we owe to G. Stanley Hall since he brought Freud to this country to speak in 1910 and in his lectures and his writings presented the salient points of that theory, so revolutionary at that time. Translations of Freud's writings began to appear shortly after and were followed by the first popularizations and applications of this psychology to personality and behavior problems. Healy in 1917 cites a list of about half a dozen titles in this field.[1] Several other titles should be added.[2] *The Psychoanalytic Review,* edited by White and Jeliffe, began publication in 1913.

[1] "For readers of English we may cite here, as showing something of the broader aspects of mental analysis:

Mental Mechanisms by W. A. White, 1911; *Human Motives,* by J. J. Putnam, 1915; "The Freudian Methods Applied to Anger," an article by Stanley Hall, in *American Journal of Psychology,* July, 1915; *The Freudian Wish,* by E. B. Holt, 1915; "Psychoanalysis and Study of Children," an article by O. Pfister, in *American Journal of Psychology,* 1915, p. 130; *Psychopathology of Every Day Life,* by Freud, and *Psychology of the Unconscious,* by Jung (both of the latter recently translated). Then, lately has appeared *Mechanisms of Character Formation* by W. A. White"—From Wm. A. Healy, *Mental Conflicts and Misconduct,* footnote, p. 35.

[2] Sigmund Freud, "Three Contributions to the Theory of Sex," *New York Journal of Mental and Nervous Diseases,* 1910. Monograph.

Adolf Meyer, "A Discussion of Some Fundamental Issues in Freud's Psychoanalysis," *New York State Hospitals Bulletin,* March, 1910, p. 22.

J. J. Putnam, "Comments on Sex Issues from the Freudian Standpoint," *New York Medical Journal,* June 15 and 22, 1912.

Wilfred Lay, in *Man's Unconscious Conflict,* published in 1917, included a list of the available books on the subject in English, twenty-one titles in all.[3] While these lists are not necessarily absolutely exhaustive of the literature of that time they are complete enough to give a picture of the extent of our contact with the psychoanalytic movement in 1917.

William A. White in his enthusiastic and brilliant presentation of the Freudian psychology in 1916 describes it as "a psychology which has opened the door to the understanding of man and as such I believe is the psychology which will prove of the greatest pragmatic advantage."[4] This presentation of Dr. White's is known to practically all case workers and has formed a very real part of their working psychology.

Much of the detail of psychoanalytic theory and method could be lightly disregarded by case workers in 1916 as immaterial to their purposes since psychoanalysis was then concerned with the treatment of the mentally ill and had developed a technique so elaborate and expensive that no relation to the case worker's technique was obvious. But in the psychology which soon began to be set forth as the working basis for the analytic therapy, social case work found at once a stimulating dynamic point of view which was to prove more fertile than the intellectualism of the psychological school just preceding.

Three points particularly were seized upon from the psychoanalytic psychology and made a permanent part of the case worker's psychology. All of these points it will be recognized have other origins in other fields than psychoanalysis, indeed have become so prevalent in gen-

[3] Pp. 12-13.

[4] *Mechanisms of Character Formation,* preface.

eral scientific thought by now that it may seem unfair to ascribe them to any one source. However, though no doubt case work absorbed from the prevailing scientific concepts, it seems clear that psychoanalysis had a more direct influence at this point through the interpretations of such men as Dr. White and Dr. Glueck who were peculiarly influential in case work. The first, which it has taken case work some years to assimilate, is the concept of determinism in psychic life. Generalized and philosophic recognition of the application of this principle in psychology may have been granted by many sociologists and psychologists but it is Freud's distinction to have shown for the first time a concrete working out of this principle in experience. In the words of Dr. White:

> Freud, for the first time, formulated an hypothesis which considered that each psychic event had a history and which has led to the same recognition of the value of the past of the psyche which has been for so long accorded to the past of the body in the science of embryology and comparative anatomy. . . . In the sphere of the psyche it is but natural that a definite deterministic and genetic method should be long delayed as we are not only dealing with phenomena which are so complex as to be too long a way from concretely expressed laws for us to see any possibilities of explanation but, too, we have been dominated for generations by the theory that psychic events, many of them at least, are brought about "at will" in some mysterious way which precludes the necessity of even attempting to bring them under the operation of natural laws.

A reaction from this crude conception of mental phenomena, from this hit and miss type of explanation which explains mental facts by the most obvious superficial causes and relegates many of them to the category of accidental or chance occurrences, has come about in recent years as the result of a

clearer understanding of the reasons of certain types of mental reactions, with a result that the theory of determinism has definitely taken its place in the field of psychology, a place that it has long occupied in the biological sciences.[5]

A second revolutionary concept which case work seized upon from Freudian psychology was an emphasis on the need basis of behavior as opposed to the intellectual factor. Whatever in Freud's early concept of the unconscious may have been metaphysical, unscientific and crude, it gave dramatic revelation of unsuspected meanings of experience to the individual, of reaction, of continued affect and attitude and even character formation in terms of hidden, subtle, unsuspected, "unconscious" motives. Here was the clue to an understanding of much that had been obscure in the reactions and behavior of patients and clients. Case work now began a search for the individual's needs as a first step in diagnosis, not from the old sociologic approach which accepted the need of all human beings for food, shelter, clothing and certain human associations but with a much more painstaking effort to find the concrete symbols in which these needs had expressed themselves in each individual. Though the Freudian psychology, sex was thrown open to exploration as a human need and the case worker's treatment of sex behavior grew increasingly tolerant and understanding.

Edwin B. Holt has given a clear statement of this aspect of Freud's contribution in his book entitled *The Freudian Wish* written in 1915. He states:

It is this "wish" which transforms the principal doctrines of psychology and recasts the science; much as the "atomic theory" and later the "ionic theory," have reshaped earlier

[5] *Ibid.*, pp. 12, 15, 16.

conceptions of chemistry. This so-called "wish" becomes the unit of psychology, replacing the older unit commonly called "sensation"; which latter, it is to be noted, was a content of consciousness unit, whereas the "wish" is a more dynamic affair.[6]

The third contribution from psychoanalytic research to social case work lay in the light thrown upon the knowledge of family relationships and their effect on individual development. Flügel in *The Psychoanalytic Study of the Family* summarized this contribution up to 1921. Economic and sociological thinking which dominated the case work approach in its earlier days had emphasized community factors in individual and family life. The emphasis from the new psychology pointed out the small family group as the first and most important pressure in conditioning attitudes. Here attitudes, behavior patterns, and the personality of the child were primarily determined. From this point of view, later environmental pressures and obstacles became less and less significant and important. The problem of family relationships and their effect on the development of the child proved to be stimulating to study and research in many fields so that the accumulation of knowledge now at the disposal of students in technical and popular literature has gone far beyond its psychoanalytic origins.

These early contributions from psychoanalytic psychology were so truly assimilated by case work that they have continued to operate with their own independent drive in this field. Continued and sharper contacts between the two fields have produced new developments which will be discussed in Part II.

[6] P. 47.

CHAPTER V

"SOCIAL DIAGNOSIS"

In a National Conference paper in 1917, under the title of "The Social Worker's Task," Miss Richmond, for years a leader in the case work movement, defined the psychological basis for social case work. New skills and new aims are developing, she says, (1) "skill in discovering the social relationships by which a given personality has been shaped; (2) ability to get at the central core of difficulty in these relationships, and (3) power to utilize the direct action of mind upon mind in their adjustment."[1]

In spite of this statement of the psychological basis of case work, however, it is the sociological rather than the psychological basis which organizes and gives unity to her presentation in *Social Diagnosis,*[2] published in the same year as her paper before the National Conference. This offers the only definite formulation in book form of the point of view and method of social case work. It represents the assimilation of many years of experience, the answers to problems set herself fifteen years before the publication of the book, and six years of actual research work. More than this, as the work of a scholar, and a deliberative able mind, it reflects the finest thinking of the period. Law, Medicine, Psychology, History, Philosophy, Sociology, and Social Work each contributed a vital part in the synthesis which this book presents.

Representing as it does, an assimilation and organization going on over a period of fifteen years, its central focus of interpretation is to be found in a point of view

[1] *Proceedings of the National Conference of Social Work,* 1917, p. 114.
[2] Mary E. Richmond, *Social Diagnosis.*

antedating 1916, its publication date. More was being discovered and introduced to this country about the science of "characterology" than Miss Richmond believed, as has been pointed out in the preceding chapter. The references to psychiatrists in her volume, limited to references to Paul Dubois, W. E. Fernald, William Healy, Adolf Meyer, S. Weir Mitchell, Irwin H. Neff, and James J. Putnam, will indicate the extent of Miss Richmond's recognition of this point of view. She is very familiar with Healy's *Individual Delinquent* and uses it frequently for illustration of methods of interviewing. His emphasis on the symptomatic nature of delinquent behavior requiring "a search for the physical, mental, and social facts behind that symptom before a cure can be effected"[3] is identical with her own approach to social problems. Healy's *Mental Conflicts,* with its more complete statement of his psychology, its emphasis on psychological fact, had not yet appeared. There is no reference in Miss Richmond's book to Freud or to William A. White's *Mechanisms of Character Formation* which appeared in 1916.[4]

The book sets out for itself a broad definition of purpose; the effort to formulate the elements of social diagnosis which "should constitute a part of the ground which all social case workers could occupy in common, and that it should become possible in time to take for granted, in every social practitioner, a knowledge and mastery of those elements, and of the modifications in

[3] *Ibid.,* p. 34.

[4] References to psychiatrists in *Social Diagnosis* are as follows: Dubois, Paul, pp. 116, 136, 347; Fernald, William E., pp. 43, 44; Healy, William, pp. 9, 117, 129, 136, 137, 150, 153, 314, 375; Meyer, Adolf, pp. 114, 131, 218, 352, 362, 434; Mitchell, S. Weir, pp. 49, 70; Neff, Irwin H., pp. 147, 430; Putnam, James J., pp. 4, 26, 136.

The words mental hygiene are used once in the book in a reference to the mental hygiene movement on p. 32.

them which each decade of practice would surely bring."[5] It is her belief that case work is advancing to a point where its work is becoming standardized in a professional way.

"It soon became apparent, however, that no methods or aims were peculiarly and solely adapted to the treatment of the families that found their way to a charity organization society; that, in essentials, the methods and aims of social case work were or should be the same in every type of service. . . . The things that most needed to be said about social case work were the things that were common to all."[6] It carries out this purpose in a careful detailed description of the processes which lead up to social diagnosis and to the shaping of a plan for social treatment. There is no attempt to discuss the treatment processes.

Through all the detailed discussion of process and procedure the underlying conception and philosophy of social case work is consistent. Its keynote is stated in a quotation from Dr. James J. Putnam which introduces the book: "One of the most striking facts with regard to the conscious life of any human being is that it is interwoven with the lives of others. It is in each man's social relations that his mental history is mainly written, and it is in his social relations likewise that the causes of the disorders that threaten his happiness and his effectiveness and the means for securing his recovery are to be mainly sought."[7]

This concept of the social nature of the self is elaborated fully in Chapter XIX entitled "Underlying Philosophy." While emphasizing the importance of the recognition of individuality which Miss Richmond considers

[5] *Ibid.* Preface p. 5.
[6] *Ibid.*, p. 5.
[7] *Ibid.*, p. 4.

fundamental to social case work effort, perhaps even more significant to her mind is the less obvious concept of the "wider self." In clarifying this concept, Miss Richmond quotes from Bosanquet, Baldwin, and Thorndike, and from Mrs. Bosanquet, the following quotation: "The soul literally is, or is built up of, all its experience; and such part of this experience, or soul life, as is active at any given time or for any given purpose constitutes the self at that time and for that purpose. We know how the soul enlarges and expands as we enter upon new duties, acquire new interests, contract new ties of friendship; we know how it is mutilated when some sphere of activity is cut off, or some near friend snatched away by death. It is literally, and not metaphorically a part of *ourselves* which we have lost."[8] Quoting again from Miss Richmond: "a man really is the company he keeps plus the company that his ancestors kept. . . . Many of the more thoughtful case workers of today are learning to study the relations of individual men in the light of this concept of the wider self—of the expanding self, as they like to believe. In so doing, they are allying themselves with the things that 'move, touch, teach'; for where disorders within or without threaten a man's happiness, his social relations must continue to be the chief means of his recovery."[9]

While Miss Richmond states that the relation of diagnosis to the practical end of treatment cannot be too much insisted on, actually in the discussion social evidence is for the sake of diagnosis, "the attempt to arrive at as exact a definition as possible of the social situation and personality of a given client."[10] "Investigation, or the

[8] *Ibid.*, p. 368, quoting from Mrs. Helen Bosanquet, *The Standard of Life and Other Studies*, p. 131.

[9] *Ibid.*, p. 369.

[10] *Ibid.*, p. 51.

gathering of evidence, begins the process, the critical examination and comparison of evidence follow and last comes its interpretation and the definition of the social difficulty."[11] This discussion of investigation, the gathering, weighing, and interpretation of evidence, the main theme of the book, is developed in the best light that can be thrown upon it from logic, law, psychology, medicine, common sense, and case work practice, the contributions from the other specialized fields being well assimilated into a philosophy and practice that are perhaps distinctive and unique to social case work. Reading it in 1930, in the light of the deepened knowledge of human motives which a decade's advance in psychology, psychiatry, and social case work has brought about, case workers are too apt to discard the whole conception and procedure as inadequate to their purposes. In this case we need to remind ourselves that the concepts on which we are working today are no where as yet formulated with sufficient definiteness to afford comparison with the concepts of *Social Diagnosis*. Evidences of the changes which have unquestionably taken place can only be inferred from brief articles and case work practice itself. The formulation of the psychological basis on which case work practice rests today will no doubt be met with as much criticism and divergence of opinion as is the formulation of the sociological basis of case work of 1917 which Miss Richmond expressed. However much we have departed from the social point of view of *Social Diagnosis* we have not yet achieved any articulation comparable to this work in unity and organization which we may venture to believe was truly inclusive and expressive of the best thinking and practice of social case work of that period.

[11] *Ibid.*, p. 51.

Miss Richmond's conception of social evidence and its reliability must be built up through her own statements:

Social evidence may be defined as consisting of any and all facts as to personal or family history which, taken together, indicate the nature of a given client's social difficulties . . . and the means to their solution.[12] . . . The initial difficulty in case work is always that of getting at facts which are ample and pertinent.[13] . . . Fact is not limited to the tangible. Thoughts and events are facts. The question whether a thing be fact or not is the question of whether or not it can be affirmed with certainty.[14] . . The gathering of facts in any field of interest is made difficult first by faulty recollection or by inexpert or prejudiced observation on the part of persons giving testimony, and second by a confusion between the facts themselves and inferences drawn from them on the part either of witnesses, or, in the special realm of our study, of social workers.[15]

Thus at the threshold of our consideration of social evidence, the duty confronts us of making sure what are facts in a client's situation. Evidence which is reliable and which is sufficient in amount and cogency is the first requisite for searching diagnosis; the second is clear reasoning to inferences that shall further our purpose.[16] . . . In social diagnosis, the kinds of evidence available, being largely testimonial in character, can of course never show a probative value equal to that of facts in the exact sciences. All that is possbile for us is to obtain proof that amounts to a reasonable certainty. Social treatment is even more lacking in precision than the treatment of disease, of which Dr. Meltzer says that every treatment is an experiment. This is true partly because social work has as yet amassed but a small body of experience, partly because its treatment demands for success an understanding of "characterology" for which no satisfactory body of data yet exists,

[12] *Ibid.*, p. 43.
[13] *Ibid.*, p. 53.
[14] *Ibid.*, p. 63.
[15] *Ibid.*, p. 54.
[16] *Ibid.*, p. 55.

but most of all because, for the social case worker, the facts having a possible bearing upon diagnosis and treatment are so numerous that he can never be sure that some fact which he has failed to get would not alter the whole face of a situation. He can, however, partially offset these handicaps by being on the lookout for the special liability to error characteristic of each type of evidence used in his investigations.[17]

In discussing the reliability of evidence, competence and bias are emphasized with the factors affecting each pointed out:—attention, memory, suggestibility as affecting competence, racial or national or environmental factors and self-interest as affecting bias.[18]

In the above quotations we have a clear definition of social fact and social evidence on which sound social diagnosis and treatment must rest. Succeeding chapters lay out the concrete steps through which social histories may be obtained, in interviews with relatives, employers, schools, churches, hospitals, neighbors, and other members of the community.

Treatment, also, is seen to involve contacts with many of the client's relations in the environment in his behalf with a fairly clear picture in the worker's mind of what his situation should be. While there is explicit warning against too inelastic a conviction about family life, nevertheless the family as a whole is the usual unit of treatment in family work and in other fields as well. It is stated that "as society is now organized, we can neither doctor people nor educate them, launch them into industry nor rescue them from long dependence, and do these things in a truly social way without taking their families into account."[19] "One who has learned in the details of a

[17] *Ibid.*, pp. 55-56.
[18] *Ibid.*, pp. 65-79.
[19] *Ibid.*, p. 134.

first interview, to keep the 'combined physical and moral qualities,' the whole man, in view, will appreciate the importance of applying this same view to the family. The family life has a history of its own. . . . What will help to reveal this trend? What external circumstances over which the family had no apparent control, and what characteristics of its members—physical, mental, temperamental—seem to have determined the main drift?"[20] "With reference to their power of cohesion, we shall find that families range themselves along a scale, with the degenerate family at one end and the best type of united family at the other. Whatever eccentricities a family may develop, the trait of family solidarity, of hanging together through thick and thin, is an asset for the social worker, and one that he should use to the uttermost."[21]

The discussion of the Ames Case in *Social Diagnosis* will serve to illustrate the point of view and method of diagnosis at that time. Though the record opens in 1909 it may be considered as representative of the type of work which was being done at the time *Social Diagnosis* was written. It offers a clear presentation of Miss Richmond's point of view that a family situation or an individual can only be understood as it is understood in its social setting through the eyes of the various social contacts with which it has been associated. The picture of the family is built up only by information from these various sources with the family's own point of view as one element in the total picture. Relatives, friends, neighbors, employers, schools, and churches contribute their opinion of the situation and all of these factors are again called upon in treatment by the agency "interested in coördinating the

[20] *Ibid.*, p. 138. [21] *Ibid.*, p. 139.

social service of the community" in behalf of the family in need.[22]

The Ames family was called to the attention of the society by a charitable woman on account of the sickness of the man who had been advised to apply for admission to the State Tuberculosis Sanitorium but felt that he could not leave his family. The first interview takes place in the home the record stating "Supt. was forced to interview all three of them together, the man, the woman, the wife's mother." That interview gives the facts of Mr. Ames' employment, his health, of Mrs. Ames' health, their financial situation, their resources. Of the relatives it is said that Mrs. Ames feels rather bitterly about her husband's people, that none of the relatives are in a position to do any more for them, that they did not want us to see the relatives. Mr. Ames, on the other hand, says he understands our position in the matter and thinks they ought to furnish us with their addresses. Mr. Ames says that it is impossible for him to go away, that he is very hopeful of being able to go to work soon though he is not quite sure he has the strength to walk around the streets.

The investigation begins at this point, covering the tuberculosis dispensary, Mrs. Ames' two sisters, the church and the employer. The dispensary gives definite information about his health which is more serious than was supposed and sanitorium treatment is found to be necessary. The interviews with relatives confine themselves to getting a picture of the man and the wife from the health, financial, and character angles. The character interest goes no deeper than the following remarks of relatives indicate, "He has always been a good man, never made big wages but was kind to his family, hard working."

[22] *Ibid.*, p. 194.

"Mrs. Ames has always to have things like a lady and if it weren't for that she might have saved something for a rainy day." The doctor says the family have always paid their way and have an excellent reputation and the school principal speaks pleasantly of the people. One relative offers an important clue to treatment when she says that it is Mrs. Ames who is holding her husband back. Mrs. Ames is seen and agrees to try to let her husband go away when she understands the seriousness of his situation. Mr. Ames' health situation is solved through sanitorium treatment, help from the employer and the church and a job later with the old firm. Mrs. Ames develops an incipient case while Mr. Ames is receiving all this attention but is treated in time to prevent serious consequences. We might infer that the relationships between the relatives on the husband's side and Mrs. Ames might have been slightly benefited by the interest which the worker took in the situation but nothing was consciously done to effect this.

A simple case, Miss Richmond comments, but perhaps the simplicity lies in the attitude and understanding of the case worker rather than in the situation itself. At any rate it affords a good illustration of a health and economic adjustment at least temporarily successful made on the basis of social data collected from all the sources of information in the environment. Of the individuals chiefly concerned and their attitudes towards health and disease, towards each other and towards life in general we know little.

It seems then, that *Social Diagnosis* is concerned entirely with the situational aspects of a family problem.

In talking with our client, the whole man, for any diagnosis that deserves to be called social, must concern us. We must be alert to every possible clue to his personality, or, in other

words, we must note the current of events in his life as well as his social relationships. What has been the main drift of that current? Who are the people and what are the social situations that have most influenced him?[23]

His own life and personality described as a "drift," the understanding of this drift referred to previously as "characterology for which no satisfactory body of data as yet exists," the facts from which this drift is to be inferred, the social situation diagnosed, regarded as so numerous that "he can never be sure that some fact which he has failed to get would not alter the whole face of a situation;"[24]—these possibilities offer but a feeble foundation for a procedure which it is hoped to make scientific and professional. Some laws determining drift or trend, some principles of relationship between a man's personality trend and its expression in his social relationships, will have to be in mind before there can be any basis for predictability in treatment.

Actually there was no basis of predictability for treatment of the individual and actually no prediction in treatment at that time. All things were possible to social case work which had so recently discovered the individual and his thrilling possibilities for regeneration. Since all individuals coming to a case work agency had been deprived, there was always room for the hope that under more satisfying conditions they might change their behavior. Treatment consisted therefore in supplying environmental opportunity often in stereotyped prescriptions, such as employment for men, recreation for children standardized by scout and settlement movements, et cetera, and health examinations and treatment for all. Obdurate and persistent refusal to respond to these efforts was the only suf-

[23] *Ibid.*, p. 343. [24] *Ibid.*, p. 56.

ficient reason for giving up treatment and in such cases the closing entry read: "Case closed. Family will not coöperate," without any effort to analyze the basis for lack of coöperation or to wonder if there were any factors in the known trends of the individuals' personalities which might have led us sooner to this conclusion.

Miss Richmond makes an effort to put the diagnosis of the social situation on a more scientific and logical basis in the diagnostic summary[25] where the situation is analyzed into "Difficulties Defined: Causal Factors: Assets and Liabilities." This analysis offers a basis for social treatment in specific terms but the reliability of this diagnosis is dependent entirely on the reliability of the evidence or facts behind it and the fineness of analysis of the individual concerned. This type of analysis could not go far in its usefulness until there was greater development in the science of "characterology." As a matter of fact one finds in actual practice little use made of the diagnostic summary in case records today.

Of the social case work relationship, of "contact," little is said directly in *Social Diagnosis,* probably because Miss Richmond assumed that contact was more likely to be good and investigation, history and diagnosis, poor. Enough of Miss Richmond's attitude however can be inferred to give us a sense of a very real and rare human kindliness entering into her conception of this relationship. In spite of all the development that has taken place since her day in making the case work relationship more conscious and more effective, I doubt if we could frame any more satisfactory expression of the case worker's attitude in interviewing than Miss Richmond's description: "To be really interested, to be able to convey this fact

[25] *Ibid.,* p. 361.

without protestations, to be sincere and direct and open minded—these are the best keys to fruitful intercourse."[26] Critically examined, the relationship between case worker and client is on a friendly, naïve, unanalyzed basis. In the first interview it is important to establish a good contact "to give the client a fair and patient hearing,"[27] but the worker must never lose sight of her object "to get below the present symptoms to a broad basis of knowledge"[28] and "a slow, steady, gentle pressure toward that goal"[29] must be exerted. "Giving the client all the time he wants often leads to that fuller self-revelation which saves our time and his in the long run."[30] It is important in this first interview to gain clues to other sources of information and "to begin even at this early stage the slow process of developing self-help and self-reliance, though only by the tonic influence which an understanding spirit always exerts, and with the realization that later the client's own level of endeavor will have to be sought, found, and respected."[31]

The effect of the pressure for history on the relationship is obvious:

> We must have succeeded in getting enough of the client's story and of the clues to other insights to build our treatment solidly upon fact; and we must have achieved this, if possible, without damage to our future relations, and with a good beginning made in the direction of mutual understanding.[32] Economy of means marks the skilled worker; he asks no useless questions, he gets fewer misleading replies.[33]

While it is recognized that history without contact is not

[26] *Ibid.*, p. 200.
[27] *Ibid.*, p. 114.
[28] *Ibid.*, p. 114.
[29] *Ibid.*, p. 115.
[30] *Ibid.*, p. 115.
[31] *Ibid.*, p. 114.
[32] *Ibid.*, p. 130.
[33] *Ibid.*, p. 123.

enough, that "interviews that have covered every item of past history and present situation with accuracy and care can be total failures"[34] nevertheless it is clear that an interview lacking in history would be a more serious failure. Great optimism is expressed that, in this drive for history, even though "we may have had to ask some embarrassing questions and touch a nerve that is sore,"[35] the relationship may be sustained on a friendly, helpful level. Therefore, "It is most important, . . . that in the last five or ten minutes of the interview we dwell upon hopeful and cheerful things, and leave in the mind of the client an impression not only of friendly interest but of a new and energizing force, a clear mind and a willing hand at his service."[36]

This chapter has attempted first, to trace the sources of Miss Richmond's philosophy and method in social case work to her concept of history and treatment as social and her search for the logic and science on which intelligent diagnosis and planful treatment could be based to a belief that in the successive events of an individual's life could be found the key to his difficulties, the clue to indicated treatment. Second, it has pointed out the acceptance of the family group as the unit of study and the unit in which reconstruction must precede. Third, the concept of the professional case working relationship has been discussed as a friendly helpful one dominated especially in the early stages by the pressure for knowledge which to Miss Richmond is inseparable from history.

The hope held out of finding a logical sequence in the elusive material of everyday human experience and in the case worker's hitherto trial and error methods of trying to

[34] *Ibid.*, p. 130.
[35] *Ibid.*, pp. 130-31.
[36] *Ibid.*, p. 131.

render that experience more profitable for some individuals, proved enormously stimulating to the case work field. The methods detailed so painstakingly and thoroughly afforded immediately usable tools for the refinement and standardization of procedures, all too rough and variable at that time, and laid down a basis for training invaluable to the schools of social work. Finally, the importance attached to detailed history was stimulating to deeper and deeper search for facts and for principles of interpretation other than social. As has been pointed out in the preceding chapter it was Miss Richmond herself who, in a National Conference paper of 1917 a month after the appearance of her book, when pressed for a definition of "social," brought out the individual and psychological factors involved and pointed out the psychological task of case work in such a way as to stimulate a new interest in getting beneath the purely situational aspects of an individual's problem;—"the criterion of the social, its indispensable element, always is the influence of mind upon mind."[37] How to get at "the central core of difficulty" in the social relationships by which "a given personality had been shaped"[38] remained the alluring task which Miss Richmond set for her followers—unsolved but possible of solution.

[37] *Proceedings of the National Conference of Social Work*, 1917, p. 112
[38] *Ibid.*, p. 114.

CHAPTER VI

AFTER "SOCIAL DIAGNOSIS"

THE ENTRANCE of the United States into the war in 1918 brought new and upsetting influences to bear on a philosophy and procedures which might otherwise have crystallized around the organization and point of departure which *Social Diagnosis* offered. The sudden appearance of a new group of clients, the families of the soldiers and sailors, not previously known to any social agency, not accustomed to asking or receiving assistance; the large group of Red Cross workers, recruited some from the ranks of trained Charity Organization Society workers, others untrained and inexperienced—these raised new problems of approach, of contact, of training. A Red Cross worker pointed out to a National Conference meeting in 1918 the growth of a newer type of service with families, "case work above the poverty line." "The people who come to us of their own free will" force us to reconsider our approach and to recognize that "case work above the poverty line is absolutely dependent for its existence on the satisfaction of its clients. . . . The average family has overcome whatever dislike it may have had for investigation before making any appeal. And there is a real temptation to the busy worker to go ahead with the steps of her investigation without the close coöperation that ought to be present."[1] Here, then, from the angle of consideration for the client's attitude is the beginning of a criticism of the "investigation" procedure so recently set up in definite form by Miss Richmond.

[1] Agnes Murray, "Case Work Above the Poverty Line," *Proceedings of the National Conference of Social Work*, 1918, pp. 340-43.

To the war experience was due also the close contact with modern psychiatry, so fruitful in developing more knowledge of the mechanisms of behavior and character formation, a science which Miss Richmond felt to possess no "satisfactory body of data." War time neuroses, behavior developed in the effort to adjust to war, precipitated new problems, the understanding and treatment of which proved enormously stimulating to psychiatrists and social workers. The inadequacy of social work to meet this emergency was clearly recognized. New workers were needed in numbers and a new training must be devised. Distinguished psychiatrists, among them Dr. Adolf Meyer, Dr. Bernard Glueck, Dr. C. Macfie Campbell, Dr. Thomas Salmon, Dr. Ernest Southard, all generously shared their knowledge of human behavior and its motivation with social workers and new recruits to case work in the school for psychiatric social work organized at Smith College in the summer of 1918, in the department of mental hygiene at the New York School of Social Work, and in the course in social psychiatry at the Pennsylvania School of Social and Health Work. So rapid was the spread of this interest, that by the time of the Atlantic City Conference in 1919, psychiatric social work commanded the center of attention. Social workers crowded a hall to overflowing to hear Mary Jarrett, Jessie Taft, Dr. Spaulding, and Dr. Glueck talk on the psychiatric worker and her preparation. And at that meeting the famous issue, a bone of contention at many succeeding meetings, was raised as to whether this work is to be emphasized as a specialty with specialized training or as the essential approach to any case work with individuals. The swing of opinion then, as later, seemed to be in favor of accepting the psychiatric point of view as the basis of

all social case work. Miss Jarrett made a clear statement of this point which we quote in full. It may be taken I think as an adequate description of the working psychology of that period in use by psychology, psychiatry, and social case work:

> Inasmuch as the adaptation of an individual to his environment, in the last analysis, depends upon the mental make-up, the study of the mental life is fundamental to any activity having for its object the better adjustment of the individual. The special function of social case work is the adjustment of individuals with social difficulties. It is the art of bringing an individual who is in a condition of social disorder into the best possble relation with all parts of his environment. It is the special skill of the social case worker to study the complex of relationships that constitute the life of an individual and to construct as sound a life as possible out of the elements found both in the individual and in his environment. Our relations to our environment are caused by mental, physical, and economic factors existing in our own experience and in the experience of other persons. It is no matter which of these three classes of factors is considered of *primary* importance since they are all of *fundamental* importance in dealing with a case of social disorder.[2]

This is not essentially different from Miss Richmond's point of view in *Social Diagnosis* except that in Miss Jarrett's statement, as in the whole spirit of the 1919 Conference, there was an emphasis on the individual and on the mental factors and a new conviction that we know something about these factors. Another quotation from Miss Jarrett may seem naïve in its optimism at the extent of this knowledge and its confidence that objective and subjective observation can be so easily separated:

[2] Mary Jarrett, "The Psychiatric Thread Running Through All Social Case Work," *Proceedings of the National Conference of Social Work*, 1919, p. 587.

Another product of the psychiatric point of view is the habit of objective observation—the study of an individual as he really is not as we feel that we should be in his place or as he himself tells us that he is. In social case work we need to know as accurately as possible the nature of our client. We do him an injustice if we form a conception of him in terms of our own experience. His own account, though honestly meant, may not be accurate. Through observation of his behavior and reports of other observers upon his conduct, the best account of his character is to be obtained. When we come to the point of trying to understand him, we must necessarily think in terms of our own experience, but the objective study should precede the interpretation. We should first find out what an individual is like, and then think how we should feel and act if we were like that. . . . Not only is understanding of the individual a requisite of good case work, but also the individuals with whom we are dealing are apt to feel the difference between genuine and assumed sympathy; so that any gain in better understanding is of great value in securing their confidence. . . . One by-product of the psychiatric point of view is worth consideration in these days of overworked social workers, that is, the greater ease in work that it gives the social worker. The strain of dealing with unknown quantities is perhaps the greatest cause of fatigue in our work. The better we understand our cases the more readily and confidently we work. More exact knowledge of the personalities with which we are dealing, not only saves the worker worry and strain but also releases energy which can be applied to treatment. Besides we know that the more our clients realize that we understand them the more we can do for them. Another result of understanding the natural causes of vexatious conditions is that impatience is almost entirely eliminated. No time is wasted upon annoyance or indignation with the uncoöperative housewife, the persistent liar, the repeatedly delinquent girl. A small dose of reproof may be administered occasionally for therapeutic purposes, but

as a rule no variety of impatience is of value in social treatment.[3]

Again we would point out in this quotation that there is no difference in the conception of psychological and social fact from that found in Miss Richmond. Simply a new interest in the psychological, a new zeal to understand it.

Southard contributed to this interest in the psychological by pleading at the 1919 Conference as he had done before for the individual rather than the family as the unit of case work.[4] In 1919, he pointed to the dominance of psychopathic figures in many family situations—"all family situations whatever will benefit by individual analysis as to what I call the family handle or the dominant figure."[5] Mr. Lee answered this argument in 1919 in his paper on "The Fabric of the Family" making the point that the individual can no more be treated as individual without reference to the family of which he is a member than can the family be treated without treating its individual members. "No individual is wholly an individual. He is himself plus every other person whose interests and his touch. . . . The family organization gives to each member of the group the right to demand certain things of other members. Treatment that considers one member alone irrespective of these demands and the obligations which go with them is inadequate. No more puzzling problem arises in social case work than that which is due to the conflict of interests between the family group and some one of its members. . . . But, neither, I submit, is there possible in the treatment of individuals as individuals alone any such success as could be gained if it

[3] *Ibid.*, p. 591.
[4] E. E. Southard and Mary C. Jarrett, *The Kingdom of Evils.*
[5] *Proceedings of the National Conference of Social Work*, 1919, p. 587.

were related to the conditions of the family life as a whole."[6] But in spite of the effort on the part of the family workers to keep a well balanced point of view of the family unit, the emphasis on the individual gained steadily.

In agencies where the individual was the unit of treatment as in child placement agencies, study of the "mental factors" in the child's problem had progressed rapidly. Such agencies and departments as the Iowa Child Welfare Research Station established in 1917, The Department of Child Study, Seybert Institution, Philadelphia, organized in 1919 (later continued under the Children's Aid Society of Pennsylvania), the State Charities Aid of New York, the New England Home for Little Wanderers, the Boston Church Home Society—all using psychiatric and psychological assistance in understanding the material with which they were dealing—pointed to the value of this understanding in the practical problem of child placing.

However, the true import of the emphasis on the individual and his psychological fact did not begin to be comprehended at this time. The first statement I find in National Conference discussion which brings out this significance is a paper by Dr. C. Macfie Campbell presented to the 1920 Conference. In discussing the relation of the doctor and the patient he says:

> The patient is more than a group of symptoms, more than a collection of interesting juices; he is a living individual with a most complicated pattern of reactions, and the physician who overlooks this pattern may find the symptoms untractable, the disease unintelligible. Headache may be a reaction to eye-strain, but it may also be a reaction to a mother-in-law. . . . The extent to which a man is disabled depends

[6] *Ibid.*, p. 325.

partly on the nature of his disease, but perhaps more on the way he reacts to it. Trudeau, tubercular, withdraws to the Adirondacks to establish the scientific treatment of tuberculosis, R. L. Stevenson continues his literary labors to the last; Helen Keller astounds the world by her demonstrations of what personality can do to overcome physical handicaps.

Not symptoms, not diseases but sick and handicapped people are what the physician has to deal with. He has to study man's ways of getting along in the face of the tests of life, and if the failure in one case shows itself by a convulsion, in another by a theft, the analysis of the factors involved to a large extent follows the same lines. It is in both cases a problem of human conduct, and a study of the underlying forces. Human conduct is the reaction of the individual to the environment; that reaction depends on the conditions of the bodily organs and systems, on factors such as fatigue, sleeplessness, pain, etc., on the constitutional equipment of the individual, and on its modification by previous experiences. Each man has his own innate endowment—intellectual, emotional, dynamic—and the reaction of today is determined in part by the reactions of all the series of yesterdays. In face of the same situation, different men behave differently; danger threatens, one man faints, another is struck dumb, a third is paralyzed, a fourth trembles violently. To some are given at birth stout hearts; some have always stomach for a fight; others are continually weak-kneed.[7]

Here is true recognition of the individual and the primary importance of his own reaction patterns, built up in reaction to the environment it is true, expressing themselves again and again in behavior in relation to environment, but to be comprehended only as a pattern of reaction. How to isolate this pattern for study and control

[7] "Minimum of Medical Insight Required by Social Service Workers with Delinquents," *Proceedings of the National Conference of Social Work*, 1920, pp. 66-67.

remains a problem the key to which we have not yet found. Dr. Campbell, in his elaboration of the amount of psychological and psychiatric knowledge necessary to an understanding of the individual's reaction patterns would believe that the key must forever remain beyond the social worker's reach. She must be familiar with the facts "which are the product of the labor of the consulting room,"[8] but she cannot develop any independent interpretations out of her own thinking about her material since she lacks a first hand knowledge of physiology and medicine.

Dr. Salmon, speaking on the same program as Dr. Campbell, presents the same point of view of the individual and his reaction pattern as the center of the problem and at the same time sets no boundaries to the explorations and efforts of social case workers in this field.

> There are two special tasks of mental hygiene organization which overshadow all others. The first of these tasks is to direct attention first, last, and all the time to the importance of the individual in any well founded efforts to deal with mental factors in health and disease; and the second is to insist that mental hygiene is not an independent activity sometimes of interest and of value to social workers, but is, itself, as much a phase of social work as it is of preventive medicine.
>
> Securing better adaptations in society—whether of one group of persons to another group of persons, an individual to a group, or one individual to another—depends upon the knowing and making use of mechanisms by which the adaptations of one human being are made. It is impossible to understand, much less to direct, group adaptations without understanding individual adaptations or to understand individual adaptations without taking into consideration the processes that govern mental life. Every living thing continues to exist

[8] *Ibid.*, p. 68.

only through its power of adaptation, and in man important adaptations are largely or wholly mental. In these adaptations intelligence or the lack of it plays an important part, but a smaller part than factors which operate in the emotional field. There has been a change of direction in social studies, which "after playing upon scenery, and chorus, the audience, and the orchestra finally cause the spotlight to rest upon the individual actor." Such a change is highly inconvenient because nothing approaches in economy of effort and quickness of results the group method of dealing with problems. Nevertheless, we must be prepared to train a great many people for individual work or else admit that mental hygiene is a field of effort too difficult for human beings to undertake. When we consider the enormous cost in human happiness of not only that group of mental diseases to which we have applied the term "insanity" but the psycho-neuroses, psychoneurotic reactions toward critical affairs of life, mismanagement of mental deficiency, disorders of conduct and interference with the fulness and usefulness of life through development of unfavorable mental habits, such a confession of unwillingness to cope with a situation on account of its difficulty is unworthy of the spirit which lies behind all preventive work in the world today.

Assuming that such an effort is justified and will be undertaken, I urge that the practical application of psychiatric information to social work be not brought about by creating a liaison between general social work and mental hygiene work but by putting mental hygiene into social work —a little in all fields and a lot in some.[9]

From this point on, the psychological nature of the social case worker's task emerges with clearer and clearer distinctness. The only real deviation from it occurred in a

[9] Thomas W. Salmon, "Some of the Tasks of Organized Work in Mental Hygiene," *Proceedings of the National Conference of Social Work*, New Orleans, 1920, p. 65.

line of development rooted in the philosophy of *Social Diagnosis,* which attempted to establish diagnosis on a social basis. This effort to further scientific social diagnosis found its most earnest exponent in Mrs. Ada Sheffield of the Research Bureau of Social Case Work in Boston who published several articles describing her point of view in a pamphlet entitled *Case-Study Possibilities. A Forecast,* in 1922.[10] Mrs. Sheffield's plea was for a scientific analysis of cases covering the individual's heredity, his physical and mental make-up, and the interplay between this native endowment and his social milieu, including his relation with his family and their neighborhood setting, his sexual life, et cetera. She proposed to analyze these social facts in terms of "relational groupings"[11] a proposal based on a conception of personality as a "web-like creation of a self interacting with other selves in a succession of situations."[12]

> The ultimate units for the analysis of social situations are not personalities thought of as free agents set over against circumstances; they are rather this or that person's socially conditioned habits—established modes of activity—within which personality and circumstances are inseparable terms.[13]

From this point of view she conceived it possible to study the "fact-items" in any case history in a more logical relevant way. Records should be written "analytically" using such familiar categories of analysis as "family, recreation, occupation and so on."[14] An analysis of three cases of unmarried mothers from this point of view clarifies the conception. From these, it is apparent that there are certain norms of sentiment, feeling, relationships, in

[10] Ada Eliot Sheffield, *Case-Study Possibilities.*
[11] *Ibid.,* p. 10.
[12] *Ibid.,* p. 10.
[13] *Ibid.,* p. 10.
[14] *Ibid.,* p. 14.

family life which dominate the analysis, determine the choice of "clue aspects," and influence the selection of diagnostic terms. For instance, take the first situation, in which the father is a sober man but "habitually ugly and abusive at home, rousing fear in wife and children, the wife untidy making no effort to cope with husband or children, the girl remembering no affection from either parent. From these facts elaborated Mrs. Sheffield concludes that the important clue aspects are, "socially irrelevant anger" and "deficient parental joy" and that "each of these represents an impairing of the function of a sentiment which contributes to right living."[15]

The diagnostic conclusions in these cases depend entirely upon the assumption of vague, undefined social norms, and upon a psychology of "sentiments" equally vague and confused. The logic of the diagnosis lies neither in the social situation nor in the individual's response but in some undefined middle territory. These limitations Mrs. Sheffield herself recognizes but feels that through the analysis and interpretation of many histories on the same general plan, the diagnostic terms will begin to take on explicitness:

> Meanwhile even the vague terms used in the beginning will have the effect of leading workers to observe with more discrimination and to note more alertly the significant indications of interplay between endowment and milieu. Such improved terms as socially irrelevant anger, affectionate parental monopoly do at least this; they supply a worker with a set of expectations as to the possibilities within a case. And she is testing her observations by ideas destined to count in a science of society.[16]

[15] *Ibid.*, p. 16.

[16] *Ibid.*, p. 19.

That this method of diagnosis found few followers in social case work was due to some of the obvious difficulties in the method which Mrs. Sheffield points out—the difficulties of getting accurate objective fact-items, of recording these under topical categories, of deciding upon a unit of interpretation for these fact-items. But these all rest upon the underlying difficulty of which Mrs. Sheffield is not apparently aware that the diagnostic interpretations she suggests, "in phrases of from one to three carefully chosen words"—"filial distrust," "maternal-sexual conflict," "affectional parental monopoly"—believed to be explicit, precise, scientific, are no less subjective than the descriptive terms, "self-centered, obedient, truthful, lazy, middle-class" which Mrs. Sheffield deplores. In either case the term loses sight of, obscures, and confuses the behavior behind the term and must do so unless the basis for the interpretative general term can be made absolutely clear and objective. Social case workers had not yet developed the capacity to observe and record clearly enough the concrete behavior facts in a situation to be ready to trust themselves in such crystallizations of observation and interpretations as diagnoses enforce.

Happily there was no crystallization at this level of development in social case work. The workers continued to amass facts often far beyond their capacity to interpret or their need for treatment; but this refusal to accept classifications prematurely was the saving grace of social case work in that it preserved its identification with the moving changing flow of its human living material until that content became rich enough to risk some tentative classifications. The use of a term such as "affectionate parental monopoly" may serve to facilitate comparison in a variety of case histories if any two case workers could

agree on the fact-items which should lead up to such a diagnosis but just in proportion as it selects certain items, and focuses upon their related aspects, it ignores others and fails to see other relationships. Case work thinking like other scientific thinking must become selective and interpretative, it must learn to see and compare the "typical" but it must do this on the basis of a logic yet to be found in the material and not in the individual worker's mind. Mrs. Sheffield comes close to seeing this weakness of her system and, almost to the discovery of its remedy:

> The traditions and training of the observer more or less condition the *nature* of the fact-items that make their appearance. Two visitors who know the same girl may, through their different personalities, *bring* out and become cognizant of quite different facts in her experience. In this sense the subject matter of much social study is unstable. Not only do two students perceive different facts, they actually in a measure make different facts to be perceivd.[17]

One other attempt to offer a scheme for sociological diagnosis was offered in *The Kingdom of Evils* written by Dr. Southard before his death in 1920 but not published until later in 1922 when it was edited and presented by Miss Jarrett. The book is more noteworthy for the rich case material, the play of comment and interpretation from Dr. Southard's wide psychiatric and social work experience and knowledge, than for the brilliant, interesting and highly individual analysis it offers of a fivefold classification of the Kingdom of Evils into Morbi, Errores, Vitia, Litigia, and Pennuriae. Since analysis has had little effect on thinking or practice in social case work, we shall attempt no further exposition of its application.

[17] *Ibid.*, p. 49 n.

To summarize—in the period immediately following the publication of *Social Diagnosis* we have found an effort to establish social diagnosis on a scientific basis following the philosophy laid down by Miss Richmond. A new and more dynamic trend of development as well has been pointed out as due to the war and the new class of clients and problems and the contact with psychiatry which followed. Fresh appreciation of the individual and a drive to understand and work with his problem were the outstanding developments of the social case work movement in this period.

Summary

In the preceding chapters we have attempted to indicate some of the backgrounds and influences affecting the development of social case work in the decade 1910-1920. The most important trend has seemed to us to be one leading out of an economic, sociological, and philanthropic movement to one with distinctly psychological interests predominating. There has been distinct progress in this period in analyzing and distributing the burden of poverty among state and community agencies. Greater responsibility on the part of the public schools for adult as well as primary education, of the state for widowhood and industrial accident, of state and private health agencies for the health of the community, has left social case work more free to develop the newer psychological task, understanding and treatment of personality. This trend in development parallels a trend in scientific development, and popular thought as well as case work has advanced with this general movement in constant interaction with it. There has been no time to show in detail this influence from other scientific fields and we have

chosen rather to limit this review to influences from psychology, psychiatry, and psychoanalysis. The decade has produced the finest presentation of the sociological basis of case work in *Social Diagnosis* but, as we have seen, this is rather an analysis and summary of the bases upon which social case work was operating up to that time. These motives still continue into the present decade but there can be no doubt that the interest in the individual and his psychological problems has revolutionized the case work movement of the country. Perhaps never before nor since have case workers been more inspired than in the 1929 conference by the realization of the magnitude and subtleties of their problem of understanding the individual and his mechanisms as it was presented by psychiatrists and a few social workers who had accepted this point of view. The absorption and assimilation of this understanding of the individual has been the great achievement of case work in the decade just coming to a close.

PART II

SOCIAL CASE WORK, 1920 TO 1930
THE EMERGENCE OF RELATIONSHIP

CHAPTER VII

THE EMERGENCE OF A COMMON CASE WORK FIELD

Social Diagnosis offered a unified basis of point of view and procedure to all fields of social case work. The only book in the field which attempted a complete statement of philosophy and method, it became the authoritative text for workers. All schools of social work based their case work courses on it and no new apprentice was admitted to training in any good agency without a copy of *Social Diagnosis* by her side to resort to in every situation. It maintained this prestige in spite of the extent to which case work at that time was broken up into specialized fields with differences of approach and method sharply emphasized. The tendency to specialization, well established in the family and child welfare fields, was perhaps greatly increased by the psychiatric influence we have been tracing in previous chapters. As certain social workers in contact with psychiatric clinics gained more rapidly the knowledge of behavior mechanisms, the conviction spread that this was a highly specialized field of case work into which one could gain entrance only by longer and more advanced training. Medical social work, a much later development like psychiatric work,[1] also achieved a special knowledge through its contacts with the medical sciences. By 1920, these four fields were thought of as distinguished by specialized knowledge and specialized techniques. The family field was generally assumed to be fundamental and training and experience here com-

[1] Medical social service had its origin in 1905 when a social service department was organized in the out-patient department of Massachusetts General Hospital by Dr. Richard C. Cabot.

monly held to be preparatory for other fields. In 1920, the important schools of social work were advertising four specializations of social case work. The New York School in this year announced eight departments each said to represent a specialization for which distinctive training was necessary. Four of the eight were in the case work field—Case Work, Child Welfare, Medical Social Service, and Mental Hygiene.[2] In 1919-20, the Pennsylvania School, previously offering a general course in social work, was reorganized on a departmentalized basis carrying in its announcement the following statement:

> In order to develop the most satisfactory correlation between lectures and field work and to keep the students from the first in touch with successful workers and employers in the field which they will enter later, training has been grouped under nine departments. All departments have certain fundamental courses in common but differ in specialized vocational courses.[3]

Five of these departments were in social case work: Family Welfare, Child Welfare, Educational Guidance, Social Work in Hospitals, and Psychiatric Social Work.

This tendency to specialize has been stimulating, perhaps, and productive of clearer definitions of purpose and method. It has drawn together homogeneous groups of workers for study and analysis of common problems and furthered the growth of a professional consciousness in these groups. On the other hand, it has set up false barriers and defenses within the larger field of case work and maintained alliances with other fields inimical to the development of research interest and professional spirit in case work itself. In the medical social field particularly,

[2] *Bulletin of the New York School of Social Work, 1920-1921.*

[3] *Catalogue of the Pennsylvania School for Social Service, 1919-1920,* p. 8.

this alliance with the older, surer, more secure field of medicine, and the necessity of fitting in with the highly institutionalized hospital demands has operated to set medical workers apart with a sense of their problems as unique to the medical field rather than common to all case work. There has been an insistence upon medical knowledge and a drive for method and technique which would fit into the doctor's problem and hospital requirements.[4] In the psychiatric social work field as well, a similar attractive alliance with an older, well established profession offered itself, with the attendant risk of accepting the definitions of the problems as determined by psychiatrists. Case work then would have developed as a tool of psychiatry subject to the limitations imposed by hospital and clinic procedures. In some situations where the psychiatry has been of a more conventional, highly

[4] A quotation from the *Vocational Aspects of Medical Social Work* will bear out this point:

"It is clear from the foregoing illustrations that social work within the hospital is most closely related to the carrying out of medical treatment. Since its inception approximately twenty years ago the primary aim of medical social service has been to help doctor and patient carry through a satisfactory plan of treatment, to gather such significant data as may help the physician to discover the contributory causes of the patient's present condition, to interpret to him the patient's resources in such fashion as to open up new avenues of thought which may prompt the modification of the original plan or create a new plan which the patient can undertake. Helping the patient carry through the plan of treatment often means utilizing the resources of the community in new ways, and sometimes the creating of new resources. . . .

"Medical social work has relationships without as well as within the hospital. It occupies a part of the field of social work; its practice is one of the specialized forms of social case work. Its distinguishing features are due primarily to the fact that it is based upon a medical need and is so integrated with the hospital organization and the practice of medicine that it cannot exist of itself as a separate entity. Its method is similar to that of family case work but it must utilize a particular content of medical and social knowledge and it is on a consideration of medical problems that the social plan is initiated."—pp. 23-25.

professionalized type and case work has been immature and dependent, this has been the development.

In general, however, case work has not remained dependent and subservient in its alliance with psychiatry; rather, it has been constantly stimulated to new definitions of its essential problems.[5] One obvious reason for this reaction lies in the common character of the available material, the problems, and the methods in psychiatric work and social case work with individuals. Psychiatric knowledge of the mechanisms of behavior built up in hospital experience with the mentally sick shed new light upon the problems of the behavior of the client in any case work agency. This insight was eagerly sought after by case workers from all fields in a spirit at first largely subservient. Truant children, drinking husbands, deserting mothers, so called "behavior problems" of all kinds, were brought into a psychiatric clinic for the revelations which a psychiatric study might produce into the causes of their behavior and for the magic which contact with the psychiatrist might work in character and conduct. This expectation with which case workers approached psychiatry in 1920 has not everywhere and altogether been destroyed in 1930. Undoubtedly it has been modified as case work has become more competent and as psychiatry, in its clinical study of human behavior, has become more aware of the complexities of the problems presented and the lack of any ready made solutions. The psychiatrists who have had the courage to leave the comparatively well known field of hospital work, where classifications of mental dis-

[5] Jessie Taft in an article appearing in *Medicine and Surgery* as early as March, 1918, under the title of "The Limitations of the Psychiatrist," stated the social worker's inalienable right to work towards understanding and control of the human material with which she is dealing. This point of view, radical in 1918, is generally granted in 1930.

ease and even treatment, such as it is, are laid down, for the unclassified problems which pour in and out of a clinic for children or a juvenile court, were animated by an experimental research attitude. Many have been willing to accept the social worker as having an equal stake with the psychiatrist in the problem of the individual. This joint responsibility for treatment has had a very stimulating effect upon case workers and psychiatrists as well whenever they have been associated. Furthermore this attitude on the part of the psychiatrist of expecting the case worker to be responsible for her social problems has had a very tonic effect upon case workers from all fields bringing their problems to the psychiatrist for advice. No magical solution but a deeper appreciation of the problem in its more subtle and complex factors has been the response of the psychiatric clinic to case workers seeking help.

At the present time, then, we see the effect of this increasing recognition of the psychological nature of case work problems and the direct influence of psychiatry upon all fields accepting this definition, operating to obliterate the distinction among specialized fields in favor of the recognition of one common basis for all case work. The grounds for this belief in a common field lie in the recognition of the nature of the problem as fundamentally one of human nature and its adjustments and a belief that in working with it there are certain attitudes, certain approaches, certain techniques, as yet to be defined, which are essentially case work attitudes, methods, techniques whether they are used by court worker, clinic worker, or visitor in a family society.

In the last few years the catalogues of several of the larger schools indicate this tendency towards the giving

up of specialized departments in favor of the recognition of a common ground of all case work. In 1922-1923, the Pennsylvania School of Social and Health Work, three years after the departmentalization undertaken in 1919-1920, reorganized its five case work departments under one general social case work department, interpreting this change as follows:

> Social case work is employed in the field of human relationships with the objective of bringing about better adjustments between individuals and their social environments. Whatever its point of departure, or the institution with which it is associated, or the particular kind of maladjustment it is specialized to treat, all work in this field proceeds from a common point of view and has developed some common technique. For this reason, the department of social case work offers a required group of courses covering the common knowledge and technique for all students in the department and another group of courses required for the students in training for each specialized field.
>
> Five fields of work are included under this department—Family Case Work, Child Welfare, Educational and Vocational Guidance, Medical Social Work, Psychiatric Social Work.

The New York School of Social Work also has abandoned its departmental divisions by 1930 and indicates in its sequence of courses and its second-year seminars an increasing effort to recognize and emphasize the common ground of all case work.

An admirable statement of this growing acceptance of a common foundation in the case work field is given in Porter Lee's Introduction to the series of vocational pamphlets on case work published by the American Association of Social Workers:

It is true that, until recent years, the differences among the various forms of social case work have seemed to be more significant than their common foundation. The most important evidence, however, that social case work is achieving a professional status is the fact that the scientific and technical foundation common to its various forms has steadily increased. At the present time, the differences between the various forms of social case work are more largely administrative than professional. That is to say, the different forms of social case work are handled by different agencies chiefly to permit more economical and more efficient organization of service. Whatever may be the future development, it is at present more efficient, in the larger communities, at any rate, to maintain separate organizations for different types of social case work even though fundamentally the objectives and the fundamental characteristics of these different forms of social case work are much the same. This differentiation of organization permits a concentration upon particular forms of human difficulty, such as the need for foster homes, probation, the development of self-maintenance in families, mental problems, and so forth. Furthermore, to a considerable extent social case work is now practiced in association with other professional services. It is a part of the medical program of a hospital; it is a part of the service of a psychiatric clinic; it is incorporated into the program of the school; it may be an important part of the work of a court. These are specialized forms of social case work as it is administered; but they present fundamentally the same general purpose and technique.[6]

That this common basis of case work should remain theoretical and even contentious for many years to come is inevitable. The psychiatric social worker endeavoring to coöperate with a less well-equipped worker in a family agency feels a differentiating sense of her own knowledge

[6] *Vocational Aspects of Family Social Work*, pp. 12-13.

and skill. It is important to her to distinguish between family work with an environmental approach and psychiatric work with personality factors. That the problem in either case is fundamentally a personality problem and that up-to-date social workers are so considering it is pointed out by Miss Myrick in her presidential address before the annual meeting of the American Association of Hospital Social Service Workers in 1928 at Memphis. But she qualifies, "The fact remains, however, that the vast majority of social workers are not as yet so equipped" (to practice case work from the angle of development of personality) "even though they may have enough theory to discuss their work from this angle. It is this discrepancy between abstract knowledge and ability to apply it which at present largely prevents these workers from doing work similar to that of the psychiatric social workers. It will take a long time for the approach, the objectives, and the philosophy of mental hygiene as indicated above to permeate and displace the present primarily economic, legal, or health approach of the average non-psychiatric social case-worker."[7]

Miss Dawley, of the Philadelphia Child Guidance clinic, speaking at the same conference on "The Essential Similarities in All Fields of Case Work," goes further than Miss Myrick in accepting understanding of personality and behavior as the basis for all case work. She points out that her discussion is concerned with the most progressive trends and objectives in each field of case work rather than with the necessary practice in many communities at this time. From this point of view then, she makes the following statement:

[7] "Psychiatric Social Work, Its Nurture and Nature," *Mental Hygiene*, Vol. XIII, No. 3 (July, 1929), p. 509.

The first basis of similarity in all case work is the human material with which we are working. All social case work is concerned with individuals or families who have been unable to conduct their lives without seeking assistance. All social case work is concerned with assisting these individuals to become as mature and adequate and self-sustaining as it is possible for them to be. It is not possible so to assist these persons without understanding the basis of their dependence as it lies in the early network of subtle and intricate family relationships by which they were molded and from which they have developed. The necessary equipment for the understanding of this background is becoming increasingly a common foundation for the training of all case workers in the schools of social work. Out of this understanding the direction in which the case worker will participate depends somewhat, at the outset, upon the predicament for which the individual has sought assistance and the field of case work to which he has come. The direction soon rights itself, however, after the initial reasons for seeking aid have been successfully met and as the basic needs which made it necessary to seek that aid have been uncovered. Case work, both in theory and in practice, owes a great debt to modern psychology for the emphasis in recent years on the common bases of human behavior, regardless of whether it is found in a state hospital, an orphanage, a banking institution, or a National Conference of Social Work. Each field of case work has developed and will develop in the future to the extent that it recognizes and utilizes this understanding of human behavior as the essential part of its job.[8]

The Milford Conference report may be quoted as affording final authority for the belief in a common case work field. Published in 1929, under the title of *Social Case Work Generic and Specific,* it represents the work

[8] "The Essential Similarities in All Fields of Case Work," *Proceedings of the National Conference of Social Work,* Memphis, 1928, pp. 359-60.

of a committee of case workers from different fields in defining generic social case work, of which it states:

> Social case work is a definite entity. It has a field increasingly well defined, it has all of the aspects of the beginnings of a science in its practice and it has conscious professional standards for its practitioners. The various separate designations (children's case worker, family case worker, probation officer, visiting teacher, psychiatric social worker, medical social worker, etc.) by which its practitioners are known tend to have no more than a descriptive significance in terms of the type of problem with which they respectively deal. They have relatively less significance all the time in terms of the professional equipment which they connote in comparison with the generic term "social case work." . . . The outstanding fact is that the problems of social case work and the equipment of the social case worker are fundamentally the same for all fields.[9]

In conclusion, we find the significant movement in the decade 1920-1930 to be the emergence of a common case work field in which the individual, his adjustment and development, is accepted as the essential problem. Specialization may perhaps continue indefinitely as a practical and administrative necessity but is superficial and irrelevant to the fundamental problem of the social case work job wherever it is practiced. The discussion that follows will concern itself with this common case work job. It will be occupied with the efforts of case work first, to define its understanding of its material and secondly, to describe its treatment processes in dealing with it.

[9] P. 11.

CHAPTER VIII

WORKING PSYCHOLOGIES OF SOCIAL CASE WORK, 1920-1930

UNDERSTANDING and treatment of the adjustment problems of the individual must rest upon a substantial genetic and social psychology. This psychological basis is constantly being enlarged and modified by contributions from psychology and psychiatry and social case work remains receptive to every new point of view from these sources. It is obvious from the book reviews in the *Survey, The Family,* and *Mental Hygiene* that case workers read extensively in the literature of these other fields. The published articles from case workers themselves in these journals indicate a ready use of one or another psychological or psychiatric point of view. But these various and often conflicting viewpoints are frequently used indiscriminately and nowhere has there been any attempt by a case worker to organize or originate any psychological principles of interpretation. A group of case workers in one city is exceedingly stimulated by Dewey's psychology of experience. Another year the same group may be interpreting their material through psychoanalytic concepts. In one section of the country Overstreet's *Influencing Human Behavior* has great vogue; in another, White's *Mechanisms of Character Formation.* Ernest Groves's efforts to simplify and popularize mental hygiene for parents are included on the same reading lists as the original sources. This popular literature offering interpretations of character and behavior has grown beyond the bounds of review in the past few years, and case

workers take from it whatever seems illuminating to a case problem without much discrimination.

Mr. Bruno sees in this characteristic of social case work "to grow independently of any theoretical discipline" a wholesome growth tendency. "The whole history of our movement," he says, "is one of refusal to pay much attention to theory of whatever nature; and rigorous insistence upon experimentation in social facts. This, however, does not mean that we have not had our theories. It means that no one of them has dominated the field." Later in the article he is critical as well of this lack of theory:

> Of theory they haven't even a vestige which is their own and is generally accepted. Yet as a profession they should be producing contributions to the knowledge of facts—which they are doing; and also to their interpretation in terms of larger and new syntheses—which they are not doing.[1]

Undoubtedly this unwillingness to be held to any set theory, this hesitancy in attempting formulations of its interpretations has had both advantages and disadvantages in the development of case work. At the present time, it seems that the disadvantages are more serious and that a formulation of the psychology on which case work is operating would do much to clarify its thinking and procedures. Such a formulation would have to be made here and there by likeminded groups of case workers active on common problems and each formulation should be recognized as tentative only, subject to modification, criticism, rejection by other groups. One effort in this direction has been made by Mr. Harry K. Lurie in his Introduction to the study of the interview by a committee of the Chicago

[1] "Understanding Human Nature," *The Family*, Vol. VIII, No. 2 (April, 1927), p. 60.

chapter of the American Association of Social Workers;[2] another appears in *Reconstructing Behavior in Youth,* by Dr. Healy and his collaborators. Dr. Healy's attempt to ascribe credit to the sources of the "new psychology" in which he names certain psychological and psychiatric concepts, with illustrations of their application to foster home care—under the headings: 1. The Behavioristic School, 2. Thomas's View, 3. The Adlerian School, 4. The Freudian School, 5. The Jung School[3]—reveals the hodge-podge of theory on which much case work practice is based.

Though we may feel disturbed by this indiscriminate interest in any new psychological theory on the part of case workers, by their lack of a clearly organized psychological point of view, by their slowness in formulating new interpretations from their own experience, on the other hand, there is encouraging evidence in the whole trend of case work thinking, as revealed in its articles, its records, and the expressed opinions of case workers, of a movement towards more careful concrete analysis of psychological fact, towards more dynamic theories of behavior and treatment processes, and towards a more organized point of view.

Two dominant schools of thought may be recognized as differentiating case work approach and treatment at the present time; behavioristic psychology[4] and psychiatric interpretation. The former emphasizes habit

[2] *Interviews. A Study of the Methods of Analyzing and Recording Social Case Work Interviews.*

[3] William Healy and Augusta F. Bronner, Edith M. H. Baylor and J. Prentice Murphy, *Reconstructing Behavior in Youth.*

[4] An analysis of the "situational" or "behavioristic" approach as it is being used in the study and control of the problems of child behavior in America is given in *The Child in America,* by William I. Thomas and Dorothy Swayne Thomas.

training, conditioning and reconditioning in treatment and sees the interview as a stimulus-response situation where the behavior of the interviewer sets the response of interviewee. Illustrations of a partial use of this psychology in treatment are abundant in any case work field. Particularly in dealing with the problems of the preschool child, while interpretation may be on the basis of emotional factors, treatment may be in terms of modifying certain stimuli in the situation and so conditioning a new response. For the sleep problem, the mother is given routine procedures; for the feeding problem, diet changes as well as many more subtle modifications of the food situation can be suggested. These suggestions, with the weight of authority behind them, often operate as prescriptions and a change of the behavior symptom may be effected. For a more satisfying explanation of the dynamic processes on which such changes in behavior take place, however, the case worker must go beyond behavioristic psychology. It is impossible to find case records where the case work has been limited consistently to behavioristic interpretations and methods of treatment. A conscientious effort to approach the study of the interview on this basis has been undertaken at times, notably by the Kansas Chapter of the American Association of Social Workers and the Sociological Department of the University of Kansas reported on by Dr. Queen before the American Sociological Society.[5] Nothing more clearly indicates the limitations of this point of view which deals with such external and descriptive factors as "gestures," "dialogue,"

[5] "Social Interaction in the Interview: an Experiment" and discussion of this report by Virginia P. Robinson, Helen T. Myrick, G. Eleanor Kimble and E. H. Sutherland, *Social Forces*, Vol. VI, No. 4 (June, 1928), pp. 545-69.

"thought processes," to explain a process of interaction between two people where the significance lies in feeling and emotional factors. Alluring as the behavioristic approach may be in its offer of objective measures, definite procedures, and more assured controls, it fails for these very reasons to satisfy the needs of the case worker confronted with the problem of understanding a deep-laid pattern of emotional response and guiding a process in which her own patterns of interacting play a constant part.

Psychiatric interpretations are of many breeds but we may assume with some allowance for slight variations of point of view that there is an agreement on fundamental principles in the psychology which is taught in the leading schools of social work in the East.[6] These schools, since the war, have given an important place in the curriculum to such courses as "Human Behavior," "Development of Personality," "Social Psychiatry," "Psychopathology," et cetera, developed by such psychiatrists as Dr. Glueck, Dr. Williams, Dr. Campbell, Dr. Meyerson and Dr. Kenworthy. In a majority of the schools such courses are still taught by psychiatrists. The clearest formulation of this point of view in its application to social case work is to be found in Dr. Kenworthy's elucidation of her ego-libido method of case analysis presented to the National Conference of Social Work in Cleveland in 1926 in a paper entitled "Psychoanalytic Concepts in Mental Hygiene."[7] A more recent and simpler formulation of her point of view and the content of her courses in the New York

[6] The New York School of Social Work, The Pennsylvania School of Social and Health Work, The Smith College School of Social Work, The Simmons College School of Social Work.

[7] In *The Family*, Vol. VII, No. 7 (Nov. 1929), pp. 213-23.

School of Social Work appears in *Mental Hygiene and Social Work*.[8]

A distinction should be drawn between the ego-libido method of case analysis and the psychological point of view upon which this method of procedure rests. The point of view is in fairly common use and is generally accepted by the schools mentioned and the students and workers in the communities in contact with these schools. The use of the method is much more limited to Dr. Kenworthy's own students. The psychological point of view rests upon the well established psychiatric principle of determinism in mental life, a belief in cause and effect relationships in the behavior of individuals. From this it follows that behavior is regarded as "a symptomatic response to the needs and strivings induced in the individual as a result of life experience."[9] It is treated no longer per se as the primary disease issue but as an effect rather than the cause.

This psychology is at the opposite pole from Behaviorism as it approaches behavior always with the intent to find its meaning for the individual. What problem is the individual trying to solve through this specific behavior, what value does it have for him, what effect does a particular environmental pressure have in releasing or inhibiting the individual's desires, his strivings, his purposes —these are the questions which this psychiatric psychology brings to the analysis of an individual's behavior and history. As to the nature and genesis of these needs and drives, there is great confusion of terminology and thinking among the psychiatrists, some starting from an instinctual psychology, others from a greater emphasis on

[8] By Porter Lee and Marion Kenworthy.
[9] *Psychoanalytic Concepts in Mental Hygiene*, p. 213.

the effect of the conditioning process in determining the individual's specific needs, interests and purposes. Much of the confusion can be laid to a careless terminology and a substantial agreement found in an hypothesis of a fundamental striving to preserve life. In Dr. Kenworthy's point of view (which she at this point ascribes to Freud) this striving is described as dividing into two streams, "libido" and "ego" "instincts."[10] The primary determinant of the movement of this life force she, again following Freud, calls the "Pleasure Principle."[11] Positive and negative are the terms used to denote the values which experience has for the child in terms of the pleasure principle, whether pleasure giving, satisfying, to be desired, or unsatisfying, not to be desired.

At this point Dr. Kenworthy sets up a new principle, essentially normative. Experiences are classified not only as positive and negative but also as constructive and destructive. The constructive experience possesses a progressive or constructive growth opportunity leading towards integration and maturity. . . . The destructive experiences, then become identified with those trends in the daily contacts which tend to interfere with progress and integration. . . . Our ideal for growth represents the continuous progress towards stable adult integration. Any experiences which tend to assist in this integrative process, whether conscious or unconscious are constructive.[12] Biological growth is used as an analogy to warrant this assumption in the following statement:

> Since nothing in the organic world remains fixed and static, if an experience does not lead to a constructive growth process,

[10] *Ibid.*, p. 216.
[11] *Ibid.*, p. 214.
[12] *Ibid.*

it is bound to produce, relatively speaking, a destructive or disintegrating force, which interferes with the continuous growth of the organism. This fact is a biologically accepted one in terms of psychical growth and structure and can be paralleled by the dynamic impulse in integration, or the obvious destructive lack of integration, and finally towards disintegration.[13]

Experience in an individual's history may now be subjected to this three-fold classification; first, in respect to level of activity (ego or libido), second, in respect to the pleasure giving quality of experience (positive or negative), third, in respect to the growth producing quality of experience (constructive or destructive).

The intra-uterine experience, a universal beginning pattern, is described as a "stage of complete omnipotence" in which we see the embryo "surrounded by the protective body of the mother, furnished through her circulation the warmth, the nutritional products, and oxygen components for organic growth and comfort without struggle or effort of any kind. A pattern as complete and pleasurable as this product of a sensory experience in utero must needs be recognized as a strong determinant for future strivings."[14] Later experiences of early childhood are described with emphasis always upon this principle:

in order to make possible the continuous progressive growth and integration of the personality, there must be a predominance of constructive satisfaction, both on the level of the ego and libido. In other words, to wean the growing child into relinquishing the infantile sources of satisfaction on both the love and self-evaluating sides of his personality, the growing-up process on the feeling or emotional level must contain positive values and satisfactions for him. An over emphasis

[13] *Ibid.*

[14] *Ibid.*, pp. 214-15.

of the destructive infantile values, through the prolongation of the too highly charged and satisfying baby sources of comfort and pleasure, is bound to interfere with progressive growth, as will the predominance of negative unsatisfying denial of the infantile period tend to warp and interfere with progress.[15]

The article goes on to apply the same method to the evaluation of behavior as has been applied to the environmental and experiential contacts of the individual. Behavior regarded as the "symptomatic outcropping of the expression of the individual's needs"[16] is examined to determine whether his symptomatic responses are constructive or destructive and whether they are satisfying or unsatisfying to him. This leads into a further elucidation of the mechanisms of human behavior based on the terminology and point of view of Freud. "Introjective reactions" described as leading the individual to withdraw and turn in for the solution of his problem are well understood through the contributions of analytic study of the neuroses and later of the psychoses, while the "projective" types of response "which lead to a discharge of the irritations against the offending objects or their substitutes" depend for their understanding on the future progress of "social psychiatric study of the overt, explosive types of behavior, found in the asocial, predelinquent, delinquent and criminal careers."[17] These two types of response can again be subdivided into four sub-orders, protective, substitutive, compensatory, and defensive mechanisms, a classification which describes purpose and use in one.[18]

The dependence of such a "purposive" diagnostic method on "sufficient study of cause and effect relation-

[15] *Ibid.*, p. 219.
[16] *Ibid.*, p. 220.
[17] *Ibid.*, p. 221.
[18] *Ibid.*, p. 222.

ships in the whole of the life experience of the individual and his reactions to these life contacts in terms of behavior"[19] is obvious. The value of such a method Dr. Kenworthy points out, is apparent,

> if we compare the possibilities of treatment planning, in these cases where we have established a knowledge of the cause and effect elements and evaluated them as already suggested, with the old time method of diagnosis of a "neurotic child," "psychopathic personality," "constitutional inferiority" and "moral imbecile." . . . Treatment processes must take into consideration the factors which determine behavior, and then we will save ourselves time and unnecessary effort in trying to treat symptoms.[20]

This method of diagnosis based on a study of cause and effect relationships seems to hold out, therefore, the hope of a long sought control of personality development and reëducation. It is possible to pick out on the ego-libido chart the causative factors of undesirable development in destructive experience and to balance these with constructive satisfying experience. With this chart in mind the worker can proceed with much greater sureness to seek constructive and satisfying opportunity for her patient.

In the discussion of treatment the article makes one reference to the treatment relationship called "positive transference" in which the patient becomes willing to follow the advice of the worker. This paragraph must be quoted in full:

> In the handling of individuals, the fact that it is possible to create in our relationship with our patients a kind of positive feeling which leads them to be willing to follow our advice needs also to be understood in the simple analytic terminology

[19] *Ibid.* [20] *Ibid.*

of positive transference. Social workers, teachers, ministers, and physicians would do well to gain a clearer understanding of this phenomenon. Psychological interpretation of this so-called transference phenomenon indicates that through the medium of the positive feeling that the patient develops, there is a recreation to a degree at least of the sense of security and emotional dependency of the childhood period. As long as the worker or psychiatrist furnishes additional opportunities for this kind of unproductive and unprogressive satisfaction the patient will remain receptive. Unless then the worker or physician learns to use this positive transference as a medium through which constructive progressive opportunities are gained, and emancipation from the physician or worker (as the parent) is made possible, the results of treatment will be limited.[21]

To recapitulate, this social psychiatry, set forth by Dr. Kenworthy is seen to rest upon a conception of causality in mental life and dynamic interaction between experience and behavior with experience as a prior cause of behavior. Conscious control of the development of personality becomes possible through the assumption of a norm of personality growth in the light of which certain facts in experience and certain types of reaction patterns can be reckoned as constructive and others as destructive. Treatment takes place through the medium of the dynamic relationship of patient to worker when the worker can use this relationship to offer constructive progressive opportunities and a final emancipation from the dependence upon the relationship itself.

The value of this psychiatry for the case work field in this decade cannot be overestimated. Dr. Kenworthy's formulation, particularly, with its definite application to

[21] *Ibid.*

social case work analysis and treatment delivers over to the case worker a new essential tool of her job. The ego-libido method of analyzing a case history penetrates below the sociological generalities of Miss Richmond's diagnostic summary into concrete psychological fact and necessitates constant refinement of understanding in analyzing the relation between experience and its meaning to the individual. Like all forms of standardizations, however, this ego-libido outline has a tendency to crystallize with routine use. In assigning items to their place on the chart too definite a causality between single items of experience and behavior reactions appears. No chart is flexible enough to indicate the complexity and relativity of interaction between the individual and his experience. Furthermore, the hypothesis of a norm of personality growth by which certain factors in experience and certain behavior patterns can be adjudged as constructive and others destructive in the total personality, is an assumption for which there is no warrant in science or therapy.

Nowhere in psychiatric literature are the bases for this norm described clearly. Such terms as "adult," "mature," "adequate," "adjusted," are used but their actual content is not apparent. "Mature" states a belief in a growth principle which we understand concretely, it is true, in biology and physiology in the difference between a seed and a mature flowering plant, between a newborn animal and the adult of the species. But we do not know so concretely the distinction between the immature or infantile and the mature or adult personality. The more we analyze personalities with this distinction in mind the more hesitant do we become in regard to "maturity" as a finished product. We may more readily sense a growth process but this does not provide the final norm for which

the theory seems to contend. The terms "adequate" and "adjusted" imply a relationship to something outside the personality in terms of which the norm may be described. Is it adequacy and adjustment to social conditions, to the demands of the environment? Here we strike the root of the problem of social case work treatment at the present time which we shall have occasion to discuss later, a problem that centers around this difficulty—"Is the norm of personality to which we seek to adjust individuals to be sought in some criteria of performance and relationship or in a balance of functioning within the individual himself?" Theoretically and philosophically it may be possible to find a synthesis on which the issue will disappear, to argue that a more balanced functioning within the individual will result in more satisfactory performance from a social point of view. Practically, however, in social case work, a radical difference is defined by emphasizing one or the other of these factors as the goal of treatment.

Since this vagueness in the definition of personality norms is so apparent we may well feel a reservation about the optimism expressed in the possibilities of conscious definite control of the treatment by psychiatrist or case worker. The relationship between worker and patient as the medium of treatment is suggestive but not sufficiently defined in this article to offer a basis for criticism. This relationship medium however is a topic which needs much discussion and will be treated as a separate chapter.

We will leave the theory at this point and turn to the consideration of the effect of this psychology on case work practice.

CHAPTER IX

THE SOCIAL CASE HISTORY

A LAYMAN, with no knowledge of social work, who might read a record from the files of any family agency kept during the period, 1920-1930, and compare it with a representative record from the period, 1910-1920, would be struck by the great difference in subject matter, in emphasis, and in method, in these two histories. The major influence in this change, undoubtedly, is the increasing prevalence of the psychological point of view outlined in the previous chapter over the earlier interest in sociologic and economic fact of Miss Richmond's day. The layman on a first reading will probably be struck by the increase in detail concerning behavior and attitude and possibly by a decrease in sociologic and economic fact. Secondly, he may be impressed by the greater brevity and system in the older record and may find the newer record more humanly interesting.

Let us examine these differences from a more technical point of view. In *Social Diagnosis,* as we have seen, a case history was a study of a social situation, i.e. "all the facts as to a personal or family history which taken together indicate the nature of a given client's social difficulties and the means to their solution."[1] We have seen, too, how definitely the procedures for collecting these facts were outlined in a process termed investigation covering evidence from documentary sources, relatives, employers, neighbors, and friends. The diagnosis reached through such a study was of the social difficulty and the treatment aimed at some improvement in the social situation.

[1] *Social Diagnosis,* p. 43.

With the change pointed out in the preceding chapter from emphasis on sociologic to psychologic fact, from environmental circumstances per se to their value and meaning as individual experiences, the entire organization of the social history is altered. A family case history becomes rather an analysis of the individual members in their interaction to each other and in their social setting rather than a history of a social situation. The unit of study has shifted to the individual although in family case work the family is still assumed to be the treatment unit.

The content of the record today is much richer and fuller consequently in detail of behavior, attitudes, and relationships. Every child in the family frequently stands out well characterized in its own individual difference from other members of the family with their interacting attitudes carefully defined. This tendency appears in striking contrast to the older tendency to "lump" the children under such characterizations as,—"the two school children in this family look undernourished," "the younger children seem well and happy." A record of 1928 describes five children in the family all with as much detail as the following picture of Sarah, the third in the family:

Sarah born 7-24-24. While Mrs. C. was pregnant with Sarah Mr. C. was ill and in the Navy. During this period the family often had to go for a day or so at a time with nothing to eat. Mrs. C. could get no one to help her and Mr. C. was not earning enough to support them. Sarah was more than full time so her birth had to be forced. She was breast fed for six weeks and after that time fed with a bottle because her mother was no longer able to nurse her. She walked at two years and still does not talk plainly. Had rickets, whooping cough and measles.

Sarah has occasional enuresis both at night and during the

day. She has a habit of rocking back and forth whenever she is disturbed or angry and also at night she likes to rock and sing herself to sleep and then she keeps on after she has gone to sleep. She frequently sings and mumbles to herself. She also eats irregularly and gets too little sleep. Once when she was very tiny she had to go for four days with absolutely nothing to eat. Sarah likes to play by herself and although she has many toys she will not play with any except her dolls. Mrs. C. lets the children use the front room as a play room and often sits down to play with Sarah herself, but as soon as her mother goes away Sarah drops her toys. When she goes out of doors the children tease her so she either stands in a corner and rocks more than ever or hits children younger than herself. She frequently wets herself when she is being teased. When she is asked to play she becomes angry if she cannot be the leader. She enjoys playing with the boys rather than with other girls. She is particularly unkind to her younger brother, always taking his toys and often slapping him until she makes him cry. Mrs. C. is afraid to let them be together when she is not watching them for fear Sarah will seriously injure her brother.

Sarah is usually very unresponsive when people attempt to make friends with her or when her parents speak to her. She often does just the opposite of what she is told. Although she is not noticeably untruthful in other ways, she usually blames her older sisters for anything naughty she has done. When she has overcome her shyness with anyone who comes to the house she is constantly trying to engage that person's whole attention by showing her dolls, or throwing her arms around the visitor.

This detail has become expanded particularly in relation to early childhood experiences. To get a really complete picture of an individual's history and development sufficient to interpret his behavior patterns and character in terms of it as indicated by the ego-libido analysis de-

mands finer and finer detail of early experience. As the case worker's understanding of this psychology has deepened, her capacity to analyze this type of fact has grown increasingly. As an illustration take the nursing situation which entered the case history of a child first as a health item, of importance only in a medical record and then discriminated only as "breast fed" or "bottle fed" with the time of weaning given. Very recently it has become an important situation in the child's experience with significant influences and indications. An effort is made to describe the child's nursing experience in its emotional aspects in terms of the mother's attitude towards the child, towards nursing, the child's response in gain in weight, in general nutrition, in total satisfaction and dissatisfaction. The time and method of weaning, the mother's attitude and the child's response and reaction to new food objects, is as finely determined as possible.

The interest in this type of history drives the worker with deeper and more searching inquiry into her material but it does away to a large extent with much of the process of investigation described in *Social Diagnosis*. Only the individual himself can reveal the true meaning of his experiences. Therefore the individual's own story is the first and most significant evidence in the history. This may be supplemented by observations from other members of the immediate family group, by mother or father, by brothers and sisters. Outside of this immediate family group, however, there is seldom enough knowledge or insight into the experiences and behavior of another to make it worth while to inquire. Where a behavior picture is desired, observations of others, particularly of the school or the employer, are of importance. What is obtained from neighbors, friends, tradespeople,

or in-laws is usually more revealing of their attitudes than of the characters of the clients they describe and of course may be of value when treatment of the situation is attempted. Verification of a fact in the old sense is seldom called for. The case worker's major interest now is in the individual's dynamic, propelling attitudes and the use these make of objects, people, and situations—in other words, in the individual's own reality. Frequently it is essential to know how this reality relates to the reality of another. The inquiry at this point is a search for two realities, or the different meanings of the same situation to two individuals, not a search for an independent objective fact. For instance, a child is convinced his father hates him and prefers a younger child; he describes various situations in which he is slighted and ignored. To understand this attitude and to attempt to alleviate the boy's conflict it is necessary to know how the father feels about the two children and how he treats them from his point of view, rather than to get a description of his behavior from a third person.[2]

A striking illustration of the decreasing use of sources other than the client himself and his immediate family may be found in the children's field in the study of a family applying for a child. In 1920 this study had to

[2] In an article on "The Essential Similarities in All Fields of Case Work" given at the National Conference in Memphis in 1928, previously cited, Miss Dawley comments on this decreasing need for outside sources of information, attributing the change directly to the worker's growing knowledge of the dynamics of human behavior. She says: "It was necessary that the worker should have so assimilated her knowledge of human behavior, in its broadest sense, that she could sort out of the early interviews the gist of the real situation. It is perhaps too obvious to mention that as this background becomes more universal there is less routine emphasis than formerly on the detail of investigation, and more on the understanding of the situation, obtained from the individuals directly concerned."—*Proceedings of the National Conference of Social Work*, 1928, p. 357.

conform to standardized procedures which included interviews with the foster parents applying and references given by the family, and from two to six so-called independent references.[3] Today in the practice of one of the largest child placing agencies, the use of independent references not offered by the family has been completely abandoned and the whole practice of interviewing references is considered a waste of time perhaps soon to be set aside in favor of spending more time in learning to know from the foster parents themselves—who alone can tell—their attitudes, relationship, and motives in seeking a child.[4] Elizabeth McCord writing on the value of the psychiatric approach for all children's case workers in 1928 stated:

> It is the inside, and not the outside, story which we care most about learning. Our shift in the records of foster homes from a gathering of references to a real understanding of the family relationships is another evidence of this change.[5]

[3] Miss Doran in 1919 in discussing the finding of foster homes places great emphasis on the information to be obtained from references. She says: "To find the persons who are best qualified to give the desired information involves the exercise of judgment and often of considerable ingenuity. There is no hard and fast rule as to the number or the kind of independent sources which need be consulted before deciding that a visit shall be made to a home. Sometimes one or two may be enough; again, reports from a half dozen may not give information sufficiently conclusive to justify a decision. Sometimes the essential facts may come from the family physician, or the pastor, a neighbor, or the stage driver may hold the key to the desired information. In each case the worker must probe for information that will give a positive reaction either for or against the home. Eternal vigilance for something definite is the chief safeguard in the work."—Mary S. Doran and Bertha C. Reynolds, *The Selection of Foster Homes for Children,* p. 19.

[4] A good statement of the application of this point of view to the study of the foster home may be found in Charlotte Towle's "The Evaluation of Homes in Preparation for Child Placement," *Mental Hygiene,* Vol. XI, No. 3 (July, 1927), pp. 460-81.

[5] *Proceedings of the National Conference of Social Work,* Memphis, 1928, p. 112-13.

A justifiable criticism of this newer type of history relates to its bulk and poor organization. As the interest in personality problems has grown and pressure for this kind of fact both from the psychiatric clinic and her own interest has driven the case worker to collect more and more descriptive detail of behavior and personality and more background material, interviews quickly doubled in length. In this new field the case worker had no compass to lead her to the significant nor will she ever achieve one as long as she is simply preparing a history for a psychiatrist in a mental hygiene clinic who will provide the interpretive key to her material. Only as she organizes her own psychological point of view and becomes responsible for the interpretation as well as the collecting and assembling of the material, will her choice of facts possess a true relevancy and her organization logic and meaning. The question of objectivity in the record or the influence of worker's impressions, prejudices, and judgments will probably be raised at this point. This discussion of objectivity will have more meaning later after the question of the treatment relationship has been opened up, but we may say here that, in the judgment of the writer, objectivity of material that is not affected by the point of view of the person collecting that material is a false and impossible goal of achievement. The relevant and significant detail of social interaction in any situation involving even as few as two people is too great to be completely taken in by any one observer. This material undergoes a selective and organizing process under the observer's interest just as detail in the visual field is organized into wholes determined in the last analysis by the attitude of the observer. The case worker's point of view, her emphases in interpretation, the growing changing reach of her own capacity

for identification and understanding, are legitimate factors affecting individual choice and use of material in history taking. The more personal factors of individual prejudice or bias, of change of mood or attitude, may be considered truly subjective, as defects in approach rather than necessary and legitimate factors of difference.

It is possible to watch in a record the growth of a worker's point of view from an interest in a single factor of interpretation such as the popular "inferiority complex" of a few years ago or an "attention getting mechanism" to the building up of a substantial understanding of complex and interrelated factors in personality determination.

For the most logical organization of material revealing the real content of the social case history we must turn to an agency which aims to make a complete study before entering upon treatment. In a children's agency, for instance, a comprehensive study of the child and its background must be undertaken in order to make a permanent plan for its care, and analysis of the foster home must be carried through to a point where it can serve as an adequate basis for a decision as to whether to place a child in that home. In the same way, a child guidance clinic history attempts to present a full picture of the situation and the child before treatment is attempted.[6] An agency administering mother's pension funds must complete a study of the mother applying before her application is accepted. Histories from such agencies show clearly the type of material considered necessary, follow a definite organization in ordering this material, and indicate the sources from which it is obtained. Forms, showing the

[6] Very recently, in some child guidance clinic work, a change in the treatment interest is modifying the history-taking process and history falls into the chronological record of treatment as in the record of a family society.

content of a social history in the Bureau of Children's Guidance, New York, are appended to the volume previously cited entitled *Mental Hygiene and Social Work*, by Lee and Kenworthy.[7]

In the record of such agencies as family societies, on the other hand, no such necessity for decision and consequently for completing history for diagnosis exists. Here the contrast with the history advocated by Miss Richmond in *Social Diagnosis* is seen more strikingly. It may be that the history is never summarized but must be gathered here and there through the long interviews of a treatment process. Only if the case is to be referred to a psychiatric clinic or other social agency or to be reviewed by "committee" may a summary of history and contact appear in the record although in some agencies a "diagnostic" summary may be routinely entered at a certain point in the development of a case. In these long involved histories of families we may sometimes read for pages without learning the man's work references, or the name of the family doctor, or the location of the relatives, or any of the items which were thought to be essential for a good first interview in the teaching of *Social Diagnosis*.

The Milford Conference report presents a skeleton for the social case history[8] intended to include all of the data now regarded as relevant by the various fields of social case work. The committee says of this history:

> Nowhere in our analysis of social case work does its essential unity appear more strikingly than in the comparison of the range of social history which is considered important by the different specific fields. . . . The most striking fact regarding this compilation of data is its complete relevancy for each field

[7] Pp. 290-99.
[8] See Appendix.

of social case work, however much variation there may be at present in the social history outlines which the different fields use. The organizations in the field of social case work attach different degrees of emphasis to the same items in the list. There is no item, however, which would be regarded as of no significance by any one field.[9]

There can be no doubt as to the accuracy of this statement that no field of case work would question the relevancy of any item in the history as outlined but this relevancy is theoretical only.[10] Theoretically it is interesting to gather a complete personal and social history of an individual but practically very little of this history has relevancy in treatment. The latest records of any good treatment agency indicate strikingly the influence of some factor more powerful than logic and training which is skewing the well-rounded history out of its established form and shape.

The more one reads records from a competent family agency, the more convinced one becomes that it is not just indifference to history, or carelessness in organization which explains this loose arrangement, but that there must be some other pressure or purpose active, which is more important to the worker than history. There is no reason to believe that the worker in the family agency brings any less interest in history or skill in obtaining it

[9] *Social Case Work Generic and Specific*, p. 22.

[10] Interesting confirmation of this point that the social history offers no criterion by which the relevancy of any facts for treatment can be satisfactorily determined grows out of a critical reading of Mrs. Ada Sheffield's treatment of the Social Case History in 1920 published by the Russell Sage Foundation. As the only book on this topic this discussion was highly stimulating in history taking and recording. Mrs. Sheffield's praiseworthy but futile effort to define social concepts and to place facts in reference to their significance in these concepts reveals clearly that the social concept is essentially fluid and cannot serve as a basis for the selection of significant facts of history or treatment determination.

than does the children's worker or the psychiatric worker. Some other difference must operate. An obvious difference is the pressure for treatment which the more emergent nature of the family problem may put upon the worker. The problem is brought to a psychiatric or children's agency with more expectation that some study will have to be undertaken and a plan made before any helpful action can be taken. Active help is frequently expected of a family society however on a first visit. This willingness to help, characteristic of every agency, immediately involves the worker, whether she be from a children's agency, a psychiatric clinic, or a family society, in a treatment relationship which from the moment of its initiation may be the determining factor in the progress of the history and treatment. The family record shows this more clearly than the work of other agencies since its history is not organized as to content but develops only in the process of the relationship. But evidences can also be observed in all agencies working with personality problems that this relationship is rapidly becoming the focus of the case work job. Changes in history taking and treatment can only be understood as this relationship itself and the case worker's changing orientation to and awareness of it is studied.

The discussion of the social case history will be interrupted at this point to be resumed again in certain details on which a discussion of the treatment relationship will throw light. Three points may be made in a cursory summary: first, the social case history of this decade is rich in psychological fact; second, this psychological fact is growing finer and more concrete in quality and there are signs that it is based on a progressively better organized and more substantial point of view of the cause and effect

relationships in development; third, histories from all agencies tend to favor the individual's own story and the observation of the worker in preference to outside sources of information; and finally, while the content of the history is determined by the desire for a sound treatment plan in terms of an understanding of the meaning of an individual's experience, we recognize another factor which may at times cut into content and operate as a decisive control of method and procedure in the history taking process itself. This factor which we are calling the treatment relationship will be our problem for discussion in the following chapters.

CHAPTER X

TREATMENT IN SOCIAL CASE WORK

When we approach the subject of treatment in social case work we are on new and uncharted territory, in a field where much has been done courageously, often helpfully, but where little has been analyzed or described. *Social Diagnosis* came to a close with a discussion of the necessity of treatment based on sound social diagnosis but the second volume describing the treatment process itself has never been written. Mr. de Schweinitz has much that is interesting and suggestive to say concerning treatment in *The Art of Helping People Out of Trouble*[1] but it is written for a lay audience and so leaves unanalyzed the basic underlying principles important for the professional worker to think through. Dr. Healy, from the days of his pioneer work in the Juvenile Court of Chicago, to his latest publication in 1929[2] has contributed franker and more detailed accounts of his treatment methods than any other worker. But his work with problem children while it aims at personal and social readjustment is distinctively Dr. Healy's and cannot be claimed by social case work. Even his latest publication in which two social case workers collaborate cannot be considered an account of social case work adjustments.

The Commonwealth Fund Publications, *Three Problem Children, The Problem Child in School,* and *The Problem Child at Home,* give interesting but popularized reports of treatment plans with clinic children.[3] Recently

[1] Karl de Schweinitz, *The Art of Helping People out of Trouble.*
[2] See Bibliography for list of Dr. Healy's publications.
[3] By Mary B. Sayles—See Bibliography.

another publication has been added to this group by the Commonwealth Fund, *Mental Hygiene and Social Work,* which gives a more technical consideration of the work of a child guidance clinic.[4] Miss Marcus's study of relief cases in the New York Charity Organization Society offers a penetrating analysis of some of the problems involved in treatment through relief giving.[5] The American Association of Social Workers publication of *Interviews,* the work of a committee of the Chicago Chapter of Social Workers, is a real contribution to analysis of treatment processes in the interview.[6] Finally, a dozen or so articles in *The Family* and *Mental Hygiene* and a few National Conference papers in the last ten years have contributed case illustrations or analyses of some phase of the treatment problem.

This list constitutes a very meagre output in expression for ten years in which the case work movement has seemed to show signs of great strength and vigor. Case records, case committees, the standards of agencies, the personal expressions of case workers as one comes in contact with these at conferences and in a school of social work, all give evidence of more penetrating thinking about the philosophy and method of social case treatment than the published literature indicates. This hesitancy in becoming articulate about the essential core of the case work job seems to be tied up with certain fundamental conflicts inherent in case work treatment in 1930. These conflicts are felt to some extent by every student and new worker in the field though they seldom rise to conscious articulate expression. To the writer the conflicts seem profound and far reaching, immediately practical as well as

[4] By Lee and Kenworthy.

[5] *Some Aspects of Relief in Family Case Work,* New York Charity Organization Society.

[6] Previously cited.

deeply philosophical in their implications. The analysis attempted in these chapters has no solution in mind but aims merely to bring into consciousness the elements in the conflict.

Following the history of the meagre discussion of treatment back to its beginnings reveals that, in the early days of social work when the public conscience was painfully stirred by the sense of social wrongs and economic injustice, much more was said about treatment than about history. When the problem was simply perceived in its social and mass aspects rather than its psychological and individual aspects, it was easier to know what to do and how to do it. The earliest case records are of simple effective action. Families "coöperate" or "fail to coöperate," in which latter instance the case is closed. A complete plan of treatment could be mapped out in advance for different types of problems. For the family of the inebriate, of the deserter, for the unmarried mother and her child, certain social procedures were indicated as definitely as medical treatment for tuberculosis or pneumonia. The following amusing illustration of the assurance with which treatment prescriptions were administered in earlier days comes from a National Conference speech of 1888:

> The drunkard is a criminal, because he wilfully, by his inebriation, destroys that institution which, as we have said, lies at the basis of the civil and social order. The inebriate, then, by his wilfull persistence in drunkenness, makes himself a criminal, and unfitted to care for the morals of his children; and, therefore, the general conclusion which I think we must accept as a working principle is that the children must be taken from drunken parents.[7]

[7] *Proceedings of the National Conference of Charities and Correction*, Buffalo, 1888, p. 133.

With increasing insight into the psychological factors in these problems the social classifications ceased to have value and disappeared from use as treatment units. Even the famous "Inter-City Conference on Illegitimacy" which had such vogue for years, holding its separate meetings at National Conferences and organizing much thinking and effort around the problem of individual and social treatment for the mother and child, has lost its power to focus attention on this problem. The interests that once united here have broken up into efforts concerned with improvement in laws and court procedures relating to illegitimacy, and in case work interest in the mother and child. In respect to the method of study and treatment of personality and behavior, the problem presented by the unmarried mother with her child is no different in kind from the problems presented by the deserted mother or by the girl whose sex inhibitions prevent her from having a child. Everywhere separate case work agencies for the treatment of the unmarried mother have been going out of existence and the problem is being absorbed by general case work agencies, family societies, children's agencies, and medical and social service departments.

A similar development has taken place in the treatment of delinquency. A general agitation of interest around delinquency as a social problem finally culminated in the Committee for the Prevention and Treatment of Delinquency sponsored by the Commonwealth Fund. Out of this program has grown a very intensive case work interest concentrating in two types of organizations, Child Guidance Clinics and Visiting Teacher Organizations, not limited in their intake to one set of social symptoms but attempting a fundamental analysis and treatment job on any problem of personality or behavior. So, throughout,

as case work has become psychological in interest, the treatment classifications and stereotyped plans of solution based on social causes and environmental treatment have broken down.

In those early days the case worker seemed to know unerringly what to do and her brief history recorded a succession of activities—"Visited family, left 5 . . . Took 1 to employment agency. Got job." "Took Mary to the hospital. Had tooth pulled. Sent Christmas basket." As interest was transferred from the activity and accomplishment of the worker to the feelings and attitudes and behavior of the client the worker almost vanishes from the record in favor of the client. All the elaboration in case histories in the past ten years has been drawn from the client's history and behavior not from the treatment process.[8]

This disproportion of history and behavior, over against plan and treatment in the record, is instanced by critics of the emphasis on psychological interpretation as indicative of a real lack in treatment accomplishment. From this group and from others with economic and social betterment at heart comes a plea for the evaluation of results in social case work. A few optimistic articles have appeared in *The Family* suggesting ways and means of measuring achievement.[9] Healy and Bronner's follow-

[8] In the last few years a new trend to include process in the record is noticeable.

[9] For example—

Frank J. Bruno, "Objective Tests in Case Work." *The Family,* Vol. VII, No. 6 (October, 1926), pp. 183-86.

Sophie Hardy, "What Measures Have We for Growth in Personality?" *The Family,* Vol. No. 8 (December, 1926), pp. 254-58.

Maurice J. Karpf, "Relation of Length of Treatment to Improvement or Adjustment of Social Case Work Problems." *The Family,* Vol. VIII, No. 5 (July, 1927), pp. 144-48.

Ellen F. Wilcox, "The Measurement of Achievement in Family Case Work." *The Family,* Vol. VIII, No. 2 (April, 1927), pp. 46-49.

up studies of their cases,[10] Miss Theis' study of *How Foster Children Turn Out,*[11] interesting as they are, point out how simple and crude must be the standard selected for measurement. A searching and critical analysis of the difficulties involved in measurement of social treatment is contributed by Miss Claghorn in her review of Healy and Bronner's study, *Delinquents and Criminals.*[12] And Mr. Bruno speaking at a National Conference meeting in 1926 leaves little to stand on for those who hope for objective tests in case work. He finds our evaluations subjective and qualitative and the case worker's share in accomplishments in any situation difficult to determine.[13]

This effort to evaluate results would seem to be a fruitless inquiry in this stage of the case work job when we know so little of the material with which we are dealing and much less of what we are doing to it. All the case worker knows for certain as she loses herself in this human experience is that something very real and very significant is happening here. At times she may feel she plays very little part in these lives that act themselves out so dramatically before her, at others she may realize that in some strange way her entrance has made a vital difference in their situation, but very seldom does she feel that she is in conscious control of the effect she is exerting upon these personalities and their reactions.

It is unnecessary to illustrate this trend in treatment in the case work records of today. Every agency knows that many of its cases on which the most thoughtful painstaking work has been done are frequently cases in which

[10] See list of Healy's work in Bibliography.

[11] Sophie Theis, *How Foster Children Turn Out.*

[12] Kate Holladay Claghorn, "The Problem of Measuring Social Treatment," *The Social Service Review,* Vol. 1, No. 2 (June, 1927), pp. 181-93.

[13] Frank J. Bruno, "Objective Tasks in Case Work," *The Family,* Vol. VII, No. 6 (October, 1926), pp. 183-86.

the personalities and their relationships have been carefully analyzed but where the worker may not even know what she can attempt to accomplish in treatment much less how to go about it. The established goals of social work—restoration of family life, readjustment to environment—in abstract terms loom large before the case worker but concretely the individual himself has caught her in an identification with his needs which may war against the desirable social plan. The chronicle of the relationship in which the client pours out his problem to the worker often fails to show any indication of change or improvement in the social situation. The social objective of treatment is accepted without question by the Milford Conference, at the same time the relationship with the individual client is pointed to as the flesh and blood of treatment.

> The measure of the skill of the social case worker is not only the body of knowledge and method he has acquired but his ability to utilize these creatively in social case treatment which has as its objectives the social well being of the client.[14]

Social well being implies as the report points out the existence and use of certain norms which have nowhere been defined. Its goals are both ultimate and proximate.

> The ultimate goal is to develop in the individual the fullest possible capacity for self-maintenance in a social group. . . . Proximate goals may involve such things as restoration of health; reëstablishment of kinship ties; removal of educational handicaps; improvement of economic conditions; overcoming of delinquent tendencies. . . .
>
> We could list the treatment services given on the statistical cards used by social case work agencies but they would give merely the bare bones of what is involved in social case treatment. The flesh and blood is in the dynamic relationship

[14] *Social Case Work Generic and Specific*, p. 29.

between social case worker and client, child, or foster parent; the interplay of personalities through which the individual is assisted to desire and achieve the fullest possible development of his personality. Social case treatment has to do with the way in which the social worker counsels with human beings; at every step it ties up with his understanding of those requiring service, with his concepts of social relationships and with his philosophy of normal standards of social life.[15]

In this statement lies the essence of the conflict inherent in treatment in 1930. The social welfare of the client versus the relationship between the worker and the client; the one determined by an undefined but active norm varying with the worker's standards and background, the other indeterminate, dynamic, often subversive of social norms. If the worker is chiefly animated by the desire to plan for the social welfare of her clients, she assumes a control of the situation with her plan in which the client is permitted to participate. If the relationship with the client has become paramount to his social welfare and the welfare of his family, then a new factor of control must be sought for within the relationship itself, in an understanding of its dynamic trends and its meaning to the client.

Case work has no accurate knowledge of the dynamics of this relationship at the present time, therefore the worker is left with only an intuitive appreciation of the value of this relationship to the client, which sweeps her beyond her satisfaction with a previously thought out plan for his social welfare, leaving her lost, without a guide to his development within the relationship and with no confidence in her social plan. In this dilemma, the worker may well feel that her whole task is fruitless.

We may go all the way with the critics of "modern"

[15] *Ibid.*, pp. 29-30.

case work and agree that there is very little conscious, controlled treatment in the case work job. This does not mean that nothing takes place as a result of the case worker's participation in a situation. Because what does take place is so dynamic and as yet so unknown, so unanalyzed and uncontrolled, there is much to be gained by giving it a name which implies process, not result, and which will enable us at the same time to concentrate upon it as a tangible and essential process of the case work job capable of being subjected to study and analysis. The word "contact" which has long established usage seems too one-sided an affair and ignores the dynamic interaction which is an essential characteristic of the process. In addition it carries a time limit in its meaning and must be modified to describe the continuing process of intensive case work. The word "participation" defined by the Milford Conference as "the method of giving to a client the fullest possible share in the process of working out an understanding of his difficulty and a desirable plan for meeting it," implies a subtle patronage of knowing what is right for the client and permitting him to help in the worker's plan.[16] The term "transfer" is too directly borrowed from psychiatric terminology and leaves the case worker again with a dependence upon another profession and a confused sense of likeness at this point instead of forcing her to analyze her own process in its unique difference from every other professional venture.

The word "relationship" which I have chosen here implies interaction and continuity. Further than this it remains to be defined by whatever distinguishing characteristics we can find as we examine the use of this relationship on the part of the client and on the part of the case worker.

[16] *Ibid.*, p. 30.

CHAPTER XI

THE PROBLEM OF RELATIONSHIP

OF RELATIONSHIP, the most incomprehensible phenomenon in human development, little has been written except specifically and descriptively of particular relationships between individuals or groups. Trotter's *Instincts of the Herd in Peace and War* brought the herd instinct into vogue for a time but recent sociology and psychology have abandoned the concept. They have pictured the individual, following many impulses, pursuing many interests, usually with others in a group of two or more individuals, and they have accepted this interaction in a social setting as the process out of which behavior patterns and personality are determined. But of this tendency to seek relationship, of the characteristic pattern with which each chooses a one-person or a group relationship, of the uses which each makes of it, of its meaning to an individual, little has been said. Relationship has been taken for granted as the fundamental background and reality of human development.

Essential background though it may be, nevertheless it may have value for us in understanding what takes place in treatment in the relationship between the client and the worker, to lift the fact of relationship out of its setting and consider it afresh asking ourselves the question—why and for what purposes does the individual seek to relate himself to another.

At the basis of the human and psychological drive to relationship lies a deeper, biological reality of growth through union and separation of cells. To unite and to separate are equally essential growth processes. On this

biological basis there develops for the human being, a psychological growth process in which the biological union with the mother in nine months of uterine experience is deeply determinative. From birth on we see the psychological development of personality, of impulses, drives, attitudes, traits, going forward in relationship situations to mother, father, sister, brother, to teacher, friend, lover, child. When we know enough we can read the individual's rhythm of growth in his relationships, in his choices of an "other," in the use he makes of the other and the way he separates from it. We can picture the entire drive of an individual starting in identity with a parent organism as a lifelong struggle to reproduce that original unity through relationship, a movement vividly pictured by psychiatrists who know it in its regressive phase so intimately. There is another equally valid and perhaps more helpful way of conceiving of the individual's career as an effort to realize his growth possibilities through relationship as the environing medium. On the basis of this latter hypothesis, separation is as natural and significant a phase of the growth process as union and identity.[1] The natural impulses of the growing organism, animal or human, carry it out of its old familiar confining environment to seek new experiences in strange contacts. These impulses are never merely the effort to repeat the original experience. There is an essential ambivalence in this movement but it is never merely repetitive; its direction is never simply backwards except in cases of profound illness. The process is a cycle without a beginning

[1] "Dieser Wille zur Trennung ist nämlich genau so ein biologisches und menschliches lebensprinzip wie der Wille zur Vereinigung" (the will to separate is just as much a biological and human life principle as the will to unite). From Otto Rank's *Technik der Psychoanalyse,* Vol. II, *Die Analytische Reaktion,* p. 104.

or end, the goal to be conceived at times as union, return, at times as individuation, differentiation, one dependent upon the other.

Actually, in human experience, the natural process of growth is complicated by two experiences which under conditions of twentieth century Western civilization have become traumatic, the birth separation and the weaning separation.[2] For this reason we have no basis for knowing what balance the child would find between itself and the self of the other under the influence of a more natural growth process. What we observe instead are the problems of the relation between the self and the other in the process where traumatic separation operates to inhibit the natural growth impulses. Characteristic among these problems are dependency, possessiveness, jealousy, inferiority, narcissism, compensatory assertion of ego, denial of the other, accompanied by all the manifold expressions of guilt which denial either of self or other occasions. Complicating these problems is the fact that for the child the mother is not only the first object with which the child is identified and whom it must come to see as a different object through the separation but that she is also the alien opposing force, which acts as the inhibitor of his own impulsive self as it expresses itself in behavior.

Consequently she may be the identical object of which the child is so much a part that it can only hold on to this safety in protection for its own self which it has never known as independent; or she may be the different, unknown object, mysterious, infinitely desirable but threatening in the very power with which his desire endows her. In the latter case the child may episodically strive to over-

[2] Compare the birth and weaning experiences of a primitive group like the Trobriand Islanders described by Bronislaw Malinowski in *Sex and Repression in Savage Society.*

come this difference and achieve the object or he may accept his inadequacy and deplore his inferiority in relation to the object. As she permits him the satisfaction of his own impulses or denies them she becomes the object from whom approval is sought and blame or punishment accepted or resisted.

The sense of self which slowly emerges in this relationship is a very confused affair. The development of the child's own impulses give no satisfactory clue to it since these are encouraged and checked from the outset by the mother's "yes" and "no" responses and since the self of the child may constantly be taking over into itself these approving and disapproving attitudes of the mother by identification. Even where the child rejects vigorously the mother's interference with its impulses and resists her definitions of the environment and his activities, the sense of self is no clearer than in the case of the child who accepts the mother, since this self is developed in opposition to her will. Concretely the situation is even more complicated, in that probably each individual child develops with a mixture of positive and negative attitudes towards the maternal prohibitions. In this complex ego structure of natural impulses, strengthened, checked, inhibited, over asserted, first in reaction to an external agent and again in reaction to attitudes set up in the ego itself, it is rare than an impulse can come through spontaneously and be accepted as a part of the real self. The question, what is the own self in its essential, unique and natural desires and ways of satisfying these desires, can seldom if ever be answered.

The consequences of this confusion between self and object are twofold: first, the accumulation within the ego of more and more conflicting and painful attitudes

which it may seek to project upon the other object as they become incapable of assimilation into the ego; and, second, the persistent, insistent drive of the ego to define itself more adequately against the other object in successive relationships, to express and recognize and make right its own impulses. Relationship has therefore for the individual a double, often a contradictory meaning. It represents, on the one hand, the security of the identical self with which one can find safety, protection, and satisfaction; on the other hand, it represents the different, the unknown which may be used for projection, domination, or release according to the need.

The individual, in a lifetime of experience, will seek relationships that within the limits of these meanings will be differentiated for him in a thousand ways determined not only by his own need at the time but by the other individual with whom he relates himself. Some of these will remain on a superficial basis, will involve him only slightly and leave him but little changed. In others he will engage himself deeply and in these the structure of his ego may be greatly modified. Some may give him greater security and freedom to grow in his own individuality, while others may confuse and baffle and throw him back upon a more painful conflict among his own ego patterns. Rarely, in a relationship, the individual meets with an understanding of his conflict, an acceptance of his impulses, bad as well as good. In the measure in which this understanding is really accurate, fine, and comprehending of every shade of difference in the individual's feeling, he will tend to use this relationship on deeper and deeper levels to release his conflicts, to project his impulses, to work through his problems, and define himself as a real self in differentiation from the other.

A similar point of view of the relation of the self to the object and its efforts to define itself in relationship is developed by M. Piaget in his discussion of the development of thinking and the child's conceptions of the world about him.[3] His experiments rest on the hypothesis that the child's thinking is in the beginning egocentric, that he has no conception of a reciprocity existing between himself and the object or between different points of view and therefore cannot reason logically. He wavers between two extremes; he is either lost in "imitation" of the object in reality or he preserves his own stability by assimilating this reality to some already existing scheme in his own mind. These two processes are antagonistic since "assimilation" forms the object in reality and "imitation" deforms the self as it becomes lost in the object.

> Primitive relations are always relations between the self and things, since reality in these early stages is a confused mixture of "imitation" and "assimilation." This means that the measuring factor which is the ego intrudes upon the measured entity which is the world, and every relation given by mental experiment must originally bear the traces of these two inseparable terms. Now we have seen that the whole perspective of childhood is falsified by the fact that the child being ignorant of his own ego, takes his own point of view as absolute, and fails to establish between himself and the external world of things that reciprocity which alone would insure objectivity.

As Piaget points out, this problem in which the child is absorbed, of defining himself in relation to reality, is a problem to which science has only recently found a key in the concept of relativity which takes into consideration the factor of the measurer as well as the object measured.

[3] Jean Piaget, *Language and Thought in the Child; Judgment and Reasoning in the Child,* pp. 196-97; *The Child's Conception of the World.*

This concept is appearing in all fields of science and thought today as perhaps the most profoundly revolutionizing concept of this century. Not only has it revolutionized physics and the concepts of causality of the natural sciences but it has permeated the social sciences as well until the concept of fixed causality in mental and social phenomena has yielded to a conception of a functional correlation between the factors studied.[4]

This same movement towards relativity has been growing within the case work field, becoming articulate and gaining reinforcement through contract with the prevailing scientific concepts of the time as they spread through all thinking. The channel through which case work is being most directly influenced toward relativity, however, is psychoanalysis. In 1910, it was Freud's concept of determinism in mental life which gave impetus and foundation for the psychological history with its cause and effect relationships culminating in the ego libido analysis with its concept of causality as located in past experiences and with its hypothesis of a norm of constructive experience

[4] The following statement by Sorokin in *Contemporary Sociological Theories* (pp. 527-28) bears out this point: "In the methodology of contemporary natural science the conception of functional relation ("variable" and its "function," which may be one and two-sided) is being substituted for that of one-sided causal relation, and correlation for that of one-sided and metaphysical determinism. That is, the scientist asserts only that associated phenomena are in functional relations or are correlated to a degree indicated by the coefficient of correlation of a certain probability. Such substitution frees us from all anthropomorphic elements in the connection of cause and determination, and gives the possibility of studying one-sided and two-sided relations. . . . Such a conception presents the possibility of treating any "factor" as a variable and trying to find to what extent and with what phenomena it is correlated. . . . For instance, we may take, in one case an "economic factor" as a variable and study to what extent it is correlated with religious phenomena. . . . In the field of social phenomena we almost always deal with relations of interdependence but not with that of one-sided dependence. The application to such phenomena of the conception of one-sided causal relations leads to a series of logical and factual fallacies."

in accordance with which the case worker can modify environmental influences and behavior. In 1930, Rank's[5] concept of relativity in mental life and of dynamic interaction in the present analytic situation is profoundly affecting the understanding of the treatment relationship. Case workers have come in contact with Rank's point of view through three series of lectures given in 1926, 1927, and 1929 at the New York School of Social Work and at the Pennsylvania School of Social and Health Work. The developmental psychology presented in these lectures has contributed substantially to the case worker's psychology. One hypothesis, particularly, seems to bear most intimately on the experience of the treatment relationship in case work. I refer to Rank's concept of the analytic situation as a dynamic situation in which the patient works out his own "will," his conscious desires and his unconscious and unaccepted strivings, against the attitude of the analyst.

Two conditions seem to stand out as characteristic of this situation as utilized by Rank. The first may be described as the analyst's acceptance and understanding of the patient's attitudes as they emerge as an expression of the patient's real self. This attitude of acceptance releases the patient to use the analyst simultaneously, as an identical self and glorified object, and so permits a unique sense of union with the other. Through this sense of union, earlier experiences that have had a similar feeling tone are reanimated so that the patient's impression is often of a regressive force which draws him inevitably back to the earliest origins of experience. In this movement of the libido its drive is to break up its differentiating and separating ego structures and yield to, or become absorbed in,

[5] See Bibliography.

the other. The actual process of this movement, however, on the patient's part conceived as relationship to the analyst, consists of the patient's own patterns of projection and identification, so that even in this so-called regressive phase, the self is active and creative in relation to the other object.

A second equally striking and essential characteristic of the analytic situation is secured by the patient's acceptance of this experience as a separation experience in that he must leave it daily and in the end finally. In coming to analysis he tacitly accepts this condition of the experience while the almost universal characteristic of separation experiences in the course of a lifetime from birth and weaning to death is their inevitability, their externality. "It is inflicted upon me" is the individual's feeling whether he reacts to bear it with "Thy will be done" or fights bitterly against an unjust fate. To take over into himself the responsibility for separation without denial of the value of the other is a development so rare that it may easily not happen once in a lifetime.[5]

These two conditions, the acceptance by the analyst of the patient's difference and the acceptance by the patient of the time limit of the experience, seem to operate as guarantees of a safety zone in which impulses may be released without too great fear of destruction. The analyst's acceptance of the patient's attitudes without personal response[6] gives a new and unique character to the patient's efforts for self expression and self realization in which he has been through all his life engaged, in that here for the first time all his attitudes are accepted as

[5] Otto Rank, *Technik der Psychoanalyse,* Vols. I and II.

[6] A similar attitude of acceptance of others is described in Jacob Wasserman's *The World's Illusion* in the character of Christian Wahnshaffe and in Dostoievsky's *The Brothers Karamazov* in the character of Aloysha.

alike real and significant. Here he is free to feel and admit the value of his impulses to himself since for the first time he is met with no approval or disapproval of their value for the object as is the case in the response of parent, teacher, friend, or lover to the expression of all feelings. The analyst may help the patient to get an interpretation of the meaning of these attitudes and their relation to other attitudes but only in terms of the patient's own balance of impulses not in terms of a social norm as "what the patient ought to want, or ought to do, or ought to be." This constitutes a new experience out of which each individual will bring a new organization of impulses, a new self so to speak. Essential to this experience is the factor, that the analyst does not do anything to the patient, to control, or reorganize the patient's pattern in terms of any more desirable norm which he or society sets up.

It is valuable for our purposes to elaborate a little further the quality of the analyst's acceptance of the patient since it is this attitude which the case worker is attempting to apply in her treatment of the client. In her use of it, we find it frequently conceived as a passive superficial acceptance of the client upon the level on which he presents himself to her. This attitude will come up for further consideration in the chapter on the worker. Meanwhile it is important to point out the essentially active quality of the analyst's acceptance of the patient. It implies a constant search for deeper meanings which the patient may be struggling to express, rather than a passive toleration of the attitudes he may assert on the surface. Furthermore the acceptance which the patient requires of the analyst must extend to his whole growth capacity; it must understand his patterns as they define themselves

in repetition and as they modify in expression in this new relationship; it must be as ready to accept the patient's impulse to leave the analysis as his impulse to stay. To achieve so active and so complete an acceptance, the analyst must be constantly alert to his own behavior and attitudes as the patient reacts to them.

To bring out the difference between this active meaning of acceptance as one experiences it in the analytic relationship and the case worker's use of it as a passive attitude, a simple illustration may be of value. An individual is late for a set appointment and brings an excuse that everything went wrong on the way. A teacher's response to this might be, "I hope it won't happen again" which accepts the excuse but with some indication of criticism and a firm insistence on a standard for the future. The case worker might say, "Too bad, you had such a hard time." In this she accepts the excuse and leaves the explanation where the other placed it, on the "thing that was wrong." The analyst on the other hand, might ask, "Did you not want to come today?" In this question, the analyst accepts the behavior without criticism, correction, or personal irritation but sees the meaning which it expresses and the negative impulse toward himself which underlies it. The case worker accepts the behavior and the excuse; the analyst, the behavior and the meaning of the behavior.

This illustration should not be interpreted to suggest to the case worker that she take over wholesale the analyst's more active acceptive attitude. It is intended merely to clear up a misconception prevalent in the case worker's understanding of analytic acceptance as passive.

To attempt any more thorough exposition of the principles upon which therapy rests in this type of analysis

would carry us far beyond the scope of our present purpose, the understanding of the problems in the case work relationship.

From a very different school of psychology, not primarily interested in therapy, the Gestalt Psychology,[7] we get very suggestive confirmation of one of the principles which seem to underlie therapy in relationship. The work of this School is furnishing an experimental basis for an understanding of drives which determine the repetition of behavior in situation after situation, the striving to finish a task, to complete an experience. To quote Koffka:

> An incomplete task leaves a trace which is unstable, comparable to a non-closed figure. Such figures possess, as we know, a tendency towards closure, and we find that this tendency is also a characteristic of the trace of an incomplete act. . . . This stress makes these traces more capable of influencing consciousness than the traces of the complete acts in which these stresses do not exist. . . . Not only do they influence consciousness, they also determine action. The person works until the stresses are relieved.[8]

From this point of view we can see the individual returning again and again to certain "tasks" or problems of relationship driven by "stresses" which frustration and defeat have made more painful. The analytic situation and the case work situation, in the understanding which they offer, withdraw the obstacles present in previous relationship situations and permit the patient to work out a particular drive without opposition. Once carried through to conscious expression a drive may lose its tension.

[7] Wolfgang Köhler, *Gestalt Psychology.*

[8] Kurt Koffka, "On the Structure of the Unconscious," from *The Unconscious, A Symposium,* pp. 60-61.

This chapter has attempted to focus the problem of individual growth and development in the problem of relationship and to point out the various and profound meanings of relationship to all human beings. While the point of view here presented comes to me personally and to many other case workers through the analytic psychology of Dr. Rank it seems only fair to point out at the same time that the very rapidity and thoroughness with which case workers have assimilated at least certain parts of this point of view seem to be evidence that their own thinking and experience have been moving along the same direction and find a satisfying expression in this psychology. If this is not true, if this psychology does not express the realities of the case worker's experiences with her clients, then it will yield to a more adequate formulation. At the present time it offers the best approach I know to the obscure and subtle problems of the relationship between the worker and the client.

CHAPTER XII

THE SOCIAL CASE WORK RELATIONSHIP

In early days the relationship between the client and the worker was accepted by the worker as a matter of simple, natural, human friendliness. "To be really interested, to be able to convey this fact without protestations, to be sincere and direct and open-minded—these are the best keys to fruitful intercourse," says Miss Richmond.[1] Dr. Southard writing in the *Kingdom of Evils* in 1922 describes the relationship as a mixture of authority and friendship in which the worker must contrive to be at the same time a personal friend and an impersonal adviser.[2] In a friendly contact the worker could express her own natural, spontaneous, best self, she could make use of her own personality, interests, and even her own problems to win the confidence of the client as she would with a friend. Miss Kempton illustrates this approach in an article in *The Family* in 1926[3] where she quotes an episode in which the worker finding her client antagonistic and reticent introduced into the conversation a personal problem of her own and thereby won the client's sympathy to a point where it was possible to have a three-hour conversation with her. This concept of a friendly contact in which the worker uses her own natural equipment spontaneously has been hard to resign. This the worker understands from her own experience. Perhaps in her experience the word friendship defines the most complete relationship possible. But the client frequently requires of the case worker far more understanding and patience and self

[1] *Op. cit.*, p. 200. [2] *Op. cit.*, pp. 547-48.

[3] "How Do We Effect Leadership?" *The Family*, Vol. VI, No. 10 (February, 1926), pp. 290-93.

discipline than one is ever called upon to exercise in the relationship of a friend.

Gradually more technical words, usually borrowed from psychoanalytic literature, are substituting for "friendly" in the case worker's vocabulary, "transfer," "rapport," "identification." Their usage indicates an increasing and more objective concern with the meaning of relationship to the client and the worker's responsibility in this experience. They are still vague and confused in meaning and reacted to by some workers as to something unknown, fearful, and uncontrollable. The first frank use of the word "transfer" as far as I can discover was in a paper read before the National Conference at Toronto by Dr. Jessie Taft called "The Use of the Transfer in the Office Interview." The transfer was described as the emotional relationship in which the client gained sufficient security to release impulses to which fear and guilt were attached and secondly, through identification with the worker, took over ideas and interests "which during this period become dynamic through their identification with the person who suggests them, and become in time natural channels for draining off a large part of the emotion which has been going into the transfer."[4]

Dr. Kenworthy describes it as a medium of positive feeling which the patient develops through which there is a "recreation to a degree at least of the sense of security and emotional dependency of the childhood period." "As long as the worker or psychiatrist furnishes additional opportunities for this kind of unproductive and unprogressive satisfaction, the patient will remain receptive. Unless then the worker or physician learns to use this pos-

[4] Jessie Taft, "The Use of the Transfer Within the Limits of the Office Interview," *The Family*, Vol. V, No. 6 (October, 1924), p. 145.

itive transference as a medium through which constructive progressive opportunities are gained, and emancipation from the physician or worker (as the parent) is made possible, the results of treatment will be limited."[5]

Dr. Lowrey, in a recent article in *Mental Hygiene,* uses the term "rapport" defining it as follows: "Whatever effects are achieved in direct contact with the child are in direct proportion to the emotional rapport between the psychiatrist and the individual. This emotional rapport has been called by the psychoanalyst 'the transfer.' What it seems to amount to in the case of children is something like this: The therapist becomes a kind of ideal or the repository of ideals which the child hopes to reach. From the emotional standpoint the child's satisfaction is achieved by inducing emotional responses in this individual (father or mother substitute)."[6]

A last quotation may be offered from the field of group work where the same phenomenon seems to be recognized. Dr. Menninger writing of the mental hygiene aspect of the Boy Scout movement says:

The fourth and perhaps the most powerful psychological factor in the application of the Scouting program is the transference developed by the Scout to his Scoutmaster. By transference, the writer refers to the unusual feeling, akin to affection, which the Scout develops towards his leader. The Scoutmaster figuratively becomes the idol, the hero, the originator, and the father, and the boy, the idolator, the worshiper, the follower, and the son. He responds to his leader with an unstinting devotion of time and energy to assigned tasks and

[5] *Psychoanalytic Concepts in Mental Hygiene.*

[6] Lawson Lowrey, "Psychiatric Methods and Techniques for Meeting Mental Hygiene Problems in Children of Pre-school Age," *Mental Hygiene,* Vol. XIII, No. 3 (July, 1929), p. 480.

loyalty to ideas and follows out the leader's suggestions to the limit.[7]

Miss Marcus has contributed the most thoroughgoing and penetrating analysis of the relationship between the worker and the client in the relief giving agency in her study of a group of cases in the Charity Organization Society in New York City.[8] Her analysis is too complex for summarization to be possible but it may be pointed out that the relationship she describes rests upon a recognition of the tendency to seek and accept emotional dependency which Dr. Kenworthy emphasizes. Other case workers, notably Miss Dexter, Miss Leahy, and Miss Nichel[9] have touched upon this problem.

All the references given have one point in common, they recognize an inevitable tendency on the part of a client to seek and accept an emotional relationship to the worker under certain conditions. Such conditions are not clearly described but we may assume that fundamental among them must be an attitude of understanding and acceptance on the part of the worker. Little is said in the earlier discussions, however, of her share and responsibility in the experience. On the client's side two attitudes stand out; on the one hand, the sense of security and protection which he derives from the relationship, and on the other,

[7] William C. Menninger, "The Mental Hygiene Aspect of the Boy Scout Movement," *Mental Hygiene,* Vol. XIII, No. 3 (July, 1929), pp. 501-2.

[8] Grace F. Marcus, *Some Aspects of Relief in Family Case Work.*

[9] Lucille F. Nichel, "The Role and Aims of the Social Worker in Treatment," *Proceedings of the National Conference of Social Work,* 1929, pp. 432-444.

Elizabeth Dexter, "The Social Case Worker's Attitude and Problems as They Affect her Work," *The Family,* Vol. VII, No. 6 (October, 1926), pp. 177-81.

Alice Leahy, "1926 Emphasis in Psychiatric Social Case Work," *Mental Hygiene,* Vol. X, No. 4 (October, 1926), pp. 743-50.

his tendency to identify with the worker and take over attitudes and interests which the worker suggests.

This problem of relationship can only be clarified further by analyzing the factors in the actual present experience of case workers who approach this experience with much in common of point of view and attitude. Such an analysis should at least reveal the problems in the situation and be of help in defining the possibilities and the limitations of therapy in case work.

Let us begin this analysis with an illustration from case work experience.

A family down and out, the man sick and out of work, the woman in despair, the children forlorn and miserable is referred to a family society. Or, to take a situation where social and economic factors do not complicate the need, let us consider a situation where a mother in comfortable financial and social circumstances brings to the child guidance clinic a child who has grown beyond her control. However great the differences in these two situations, in the needs involved, in the problems presented, in the resources offered, one common factor appears evident as the case worker enters the situation. Help is asked for and the case worker or the agency has this meaning for the applicant whatever other meanings she may have in addition. She is the one in whom the possibility of help lies. "Help" may be variously conceived according to the immediate need. It may range from a ton of coal, to a new job, the amount of the rent bill, to help in the management of a child, but psychologically the appeal for help may be understood as having a universal meaning. To understand the significance of this coming for help as a crisis in the individual's life history, to measure its relation to other forces which fear and react against the

dependency at the moment it is most desired and sought, to determine what part the case worker can take in the struggle between these forces—this is the case worker's first responsibility for the situation she accepts for treatment.

It will be obvious that from the moment when the applicant appears asking for help (or the case worker offers it where the request has been made through a third person rather than through direct application of the family or individual) a dynamic relationship is set up between the worker and the client. Entered into by the client as the result of some inner pressure of psychological forces, the relationship in the first impact of these forces with the worker's attitude is charged with significance and therapeutic import for the client.

The worker's first and most essential equipment for treatment of the client's problem from this point of view must be awareness of the conflicting forces within the individual and her capacity to interpret the meaning of these as they take form and shape in the confusing guise of demands upon her for time, attention, or relief, of complaints directed upon any object handy to receive them, of resistances to her suggestions, or plan for change or improvement.

The client seeking help presents his need in as many different ways as there are individuals but there is value for the case worker in trying to see certain typical trends in these ways in order that she may have some clue to prognosis for the development of the relationship. In the discussions previously referred to, as well as in general thinking and practice, there is a tendency to pick out and emphasize one type of help seeking only. Perhaps this type is found more frequently among family agency

clients. This type becomes quickly over-dependent upon the worker and frequently constitutes a peculiar temptation to the worker to bestow the desired advice, approval, encouragement and support on which the dependency thrives. It is this type which Miss Marcus analyzes so skilfully in her study of relief cases. The following letter from a client after one interview with the case worker will illustrate an extreme dependency reaction:

My dear Miss Adams:

This may seem a little presumptious on my part to be writing to you at this time, but I believe you to be broad-minded enough to not look at it in that way. More so since you told me what you are going to do, and that gives me a sense of comfort in knowing there is someone in whom I have inspired confidence enough to do that which you are now doing.

When young we were taught there was a Santa Claus, in later years we learn this is only a myth, but of late I have been led to believe there are such things existing, only in form of human beings, as such I believe you to be. In one's life there are times when friends come to light wholly unexpected and they help to change one's views on different things that are in our minds, and to help map out our future course that it may not be strewn with rocks or other obstacles, they are always in our way but hidden from view, and these friends point out stepping stones that we may not stumble on the hidden ones. This, Miss Adams, is the way I felt since you have taken an active interest in our family affair, as when the day I interviewed you, or just the opposite, things were not very pleasant in my own mind, I had very little ambition to do anything worth while, just enough to keep on trying to do what is right, but now I have been lifted up as it were from the depths of despair with full intentions of surpassing any past performance, as before there was nothing to cause

me to think that way. So to this I can only add, that I sincerely appreciate that which is being done for me and my loved ones, and I want you to know I mean this, as we can always profit by knowing what others think of us.

Respectfully,

A. B. Richards.

An equally interesting and important extreme of reaction is that of the individual who says "nobody can help me but myself" and denies the worker's power to help him in every action at the same time he ostensibly asks her for assistance and advice. Experience has given the case worker a fairly sure guide by which she can recognize these typical reaction patterns in early contacts. It may be helpful to her thinking to see in these extremes opposite expressions of the same fundamental incapacity to separate from the object. The one accepts and lives in his dependency upon the object; the other denies the object in over protest against his feared dependency. The individual who has achieved a separation and in some measure his own freedom and independence has no need of asserting it.

The whole relationship problem may be greatly clarified for the case worker if these two reactions are seen as opposite sides of the same fundamental difficulty in relationship and if the case worker instead of limiting the client's relationship to her to one of emotional dependency conceives it rather on the deeper and more inclusive grounds of the client's effort to solve more satisfactorily his relationship to the object, the other. If dependency is stressed the case work treatment must proceed on a divided basis: constructive opportunities for the client must be secured in spite of and to offset the sense of security and emotional dependency produced by the rela-

tionship itself. If, on the other hand, the case worker will see in the client's very application a desire not only to depend but to solve the problem of his dependency, i. e., his relationship to the other, the treatment relationship itself becomes the constructive new environment in which he is given an opportunity to strive for a better solution. We have become too accustomed to thinking of the application for help as indicating the break down of the ego forces and have ignored the constructive possibility that it may also represent, the reaching out to a new relationship through which more of the individual's ego trends may be realized.

Between these two extreme forms of the relationship problem, dependency and assertion, lie all shades of capacity to accept one's self in relation to others, all kinds of ways of entering into relations with the other and of learning in that relationship. The case worker's most difficult problems will lie in these two extremes. With some of the most extreme the case worker should ask herself whether the problem of relationship is not too difficult to be attempted in a case work relationship where the worker's equipment does not permit the client to go to the roots of this problem. Certainly her time is more profitably spent on less difficult clients who react quickly in relationship with independent growth.

The worker's first inquiry into the material beneath the immediate problem which the client states should be into the forces at work in the client's total psychological situation which bring him at this time for assistance and into the problem of relationship which the client is seeking to solve. She will ask the question—what use will he make of the worker. Will the worker be able within the limitations of the case work relationship to be of suffi-

cient value to him to justify her in embarking upon treatment?[10] Such a statement of the worker's responsibility brings us up sharply against the question of the relation of this type of inquiry to the worker's traditionally accepted responsibility for history, background and diagnosis. We will examine this problem in the next chapter.

[10] I am ignoring here all the complicating questions of limitation of intake introduced by functions of agencies and their responsibility for social problems.

CHAPTER XIII

HISTORY-TAKING AND RELATIONSHIP

The most generally recognized and accepted process of case work since the beginning of its history as a self-conscious discipline has been the process of history-taking. The first steps in handling any case have been to secure sufficient history, background, and knowledge of the situation to enable the worker to make an intelligent diagnosis before proceeding further in treatment. This process has always been recognized as introducing complications into initial case work contacts but these become even more serious in import as we admit the inevitable character of the treatment relationship in the first contact. In the performance of her traditional history-taking function the case worker in a first or early interview must set about to inquire into the present situation and the conditioning factors behind it as fully as she can. Her understanding of the problem has been thought to depend upon the completeness of her knowledge of the factors involved in the present and of the history behind this present. This inquiry, if pursued in behalf of history for its own sake, often assumes control of the treatment relationship, introduces into it factors which confuse the client's own motives, or drives the relationship too quickly into a level too intimate for treatment.

If it be granted that therapy not history for its own sake is the excuse for the case worker's intrusion into the lives of other human beings, then we must examine the first contacts from the angle of the treatment relationship which is being created there and determine each move by our judgment of its effect upon this relationship as a criterion.

Evidences that this relationship is becoming more and more determinative of history-taking can be found in the recent case work records. Such records indicate that it is more and more the client's need to tell rather than the worker's pressure to extract them which is back of the long revelations of past experiences with which the records grow more encumbered usually in the later stages of contact. Frequently the worker does not precipitate these confidences, neither does she guide them in content or in quantity, and seldom does she know what to do with them. Often if she does nothing and accepts the confidence without criticism, correction, or advice, it seems to be therapeutic in effect. The worker knows this effect and frequently works for it deliberately describing her action by some such phrase as "letting the client release his guilt."[1] The therapy involved in telling one's story is, of course, more complicated than this phrase indicates. While it releases tension, it sets up new tensions in that the client, in telling has given something of himself which demands response, sometimes, also, further giving, to explain or complete his meaning. Some of this complexity is sensed by the case worker in her reaction to the client's revelations though not clearly enough to control her reactions. Rather one must admit that the case worker derives a certain satisfaction from having established a contact in which intimate history has been produced as well as the satisfaction of being in possession of a basis on which to interpret the client more adequately.[2]

[1] Jacob Wasserman's *The World's Illusion* where Niels Heinrich tells his story to Christian Wahnshaff gives an interesting illustration of this release.

[2] An article entitled "Interview" in *The Family,* Vol. X, No. 3 (May, 1929), pp. 74-77, describes an interview in which a worker knowing of a particular fact about a woman's history (that the oldest boy was illegitimate) arranges an interview in which the woman has the opportunity to tell it or

Another evidence that the case worker is modifying history-taking deliberately in terms of its effect on "contact" can be read in the use of outside sources of information discussed in Chapter IX. It is fairly general practice now in good case work agencies not to see any informants without the understanding and consent of the clients provided of course we are working with clients who are intelligent enough to give or withhold consent. Even where significant information might be thought to be in the hands of a relative for instance the worker will wait to get this information until the client accepts this as a part of treatment. That information is worthless if the "contact" is spoiled in the process of securing it, is a tenet of case work teaching.

There is still great confusion between the swings of emphasis on history and contact and no sure guide to a balance between the two. Clarification will come with the case worker's gradual acceptance of responsibility for the treatment relationship as the core of the case work job and the thinking through of all problems of history and treatment in the light of this relationship.

I should like to suggest one distinction, which, as far as I can discover has never been made in case work literature, in the hope that it may throw some light on the case worker's quandary in early contacts between her need for information about the problems and her awareness of the client's necessity to develop the situation in his own way and at his own speed. It seems to me we are struggling in a confusion between *knowledge* of the present situation which carries necessary diagnostic and prognostic value and *history* of the individual's past which has value

to accept it as known by the worker in order to relieve the tension of having it between them as an uncertainty.

in building up our general understanding of conditioning experience but carries no meaning for treatment in the present problem. History was vital for treatment in the older conception of social case work when the worker manipulated the environment in line with her discoveries from history. For example, she might decide to move a dependent colored family South when the investigation showed that they had done well there in former years and had contacts on which they might reëstablish themselves. Today a family might come to the decision that they would like to go back home and the worker might help them to see clearly their own desire and to work out a practical plan for moving but she would do this on the basis of the attitudes and desires that were active and operative in the present situation and not on the indication from any past phase of history. Again Mr. A's treatment of his wife is clearly a pattern of behavior built up in his relationship with a competent and severe mother. The history of his mother's treatment of him may be very interesting and enlightening to the case worker in her understanding of the genesis and development of such patterns in general, but it will not have any influence upon her treatment attitude in the relationship between Mr. and Mrs. A. His negativistic and dependent attitudes have to be understood and dealt with in the present situation as they are directed towards his wife and the worker. Any use he still makes of his mother, long since dead, will be an active factor in the present situation and will appear as such in Mr. A.'s conversation.

In such a problem as that just outlined between Mr. and Mrs. A., the worker, nine chances out of ten, will be under the necessity of building up a complete picture of Mr. A.'s early home relationships, from Mr. A. himself, his

wife, possible from brother or sister if Mr. A. permits them to be visited. What is this necessity? First of all, it is the drive of the past ten years of interest in this process of the determination of personality pattern in interaction with experience—a drive that is far from spent as its effort reveals finer and finer relations, and greater and greater complexity as it proceeds. Secondly, we may see in this absorption in history, the case worker's insecurity in the interpretation of the implications of the present situation and her fear of assuming responsibility for her part in that situation.

We can appreciate more readily the meaning which history may have for the worker if we watch a student coming into the case work field. She reads the A. record, visits Mrs. A., and reacts violently against the picture she gets of Mr. A.'s reactions against this capable long suffering woman. Her own easy sympathy and feeling of likeness with Mrs. A. rejects Mr. A. as hostile, outside. To break down this naïve negative reaction to Mr. A. the supervisor will use as teaching material, Mr. A.'s background of experience. If the student can see those experiences and feel the interplay of Mr. A.'s reactions, can "identify" with that history in some of its moments she can take in Mr. A. sufficiently to be able to accept his present behavior objectively instead of reacting against it judgmentally and subjectively. It requires several years of case work at the least for a student to be able to identify with a variety of personality patterns and to be able to dispense with the aid which this process of living through past history offers in understanding personality and behavior. There is no substitute for the study of developmental histories in a training process. Perhaps case work needs ten years more of this identification with the experiences of its

clients before it can emerge as a profession sufficiently detached to enter into a treatment relationship on the basis of analysis and understanding of the present problem.

If and when we accept this distinction, we shall be concerned, in the early contacts, with obtaining as full and complete knowledge as possible of the present situation, of each individual in his relationships with all the elements in his environment which have emotional significance for him. This will be a cross section only and an incomplete one from a social or economic angle. But it is a dynamic cross section in which all the forces which determine the individual's reactions to and use of his social situation will appear. It will reveal the individual's orientation to his life problems when he comes to the case worker's attention. If she can further accept her rôle purposively and intelligently as a dynamic factor of his environment at the crucial point of his coming for help, this cross section may become a growing, changing point out of which a new orientation may develop.

If this distinction is accepted, history will not be needed to bulwark our uncertainty or to substitute for our ignorance of present reactions. History will take its place in the relationship not in terms of the case worker's need but as one of the client's reactions. It will come into the record at whatever time and place the client needs to make use of it and his uses of it will be many and various as the relationship proceeds. It will usually be offered in the early contacts as the client's first gift of himself in return for the help he seeks, his first breaking down of the boundaries of separation between himself and another. But equally well it may be withheld at this time by the client who in that one move to take help, to include another, withdraws at the same time defensively to protect

himself from invasion. In both cases it is not the facts of the history but the immediate present reality of the client's reaction to the worker which is important for her to recognize in the treatment relationship. Later, history may be offered again and again as an escape from present problems, as an excuse or defense, as a play for the worker's attention, or it may appear at moments of release from tension as the uncritical attitude of the worker permits the client to accept her as a part of himself and so to deposit his past upon her. Or again it may appear as an effort to think through and unify his past with the help of the understanding response of the other. The worker's response should be determined by the meaning to the client at that point in their relationship and not by her interest in the facts as presented or by her identification with the client in that past experience.

If this distinction between history of background and knowledge of the client's present reaction pattern has any meaning for case work it will lead at once to the question, how without history can the case worker come to an understanding of the client's reaction pattern. This question it seems to me lies at the root of the whole approach to the case work relationship and the possibility of case work therapy. Case work has no satisfactory answer to this question in its present stage of development. Case work records give us knowledge of a client's reaction pattern built up by history of his past experiences and history of the worker's trial and error contacts with him. Very rarely is there sufficiently early understanding of the client's equipment in present and potential attitudes to make the relationship we would wish to be therapeutic anything more than a blind clash of his forces against the worker's. More than this is essential if case work is to have

any confidence in itself as treatment for human ills. This much at least is necessary: first, that the worker be able to analyze the forces active in the individual at the time when she enters into relationship with him; second, that she be conscious and intelligent concerning the way these forces interact with her attitudes and with each other in the progress of the relationship; and third, that she have some definition of the therapeutic limitations and possibilities of the relationship.

Two illustrations will clarify the distinction between history and knowledge of the present situation and the part they play in case work. In the first, a boy of twelve, under care of a child placing agency, while in a temporary home awaiting permanent placement, exposes himself to a girl in the school yard. Half a dozen people testify to the occurrence. The boy is sent home and the irate principal refuses to take him back. The foster mother, devoted to the boy, cannot believe him guilty when he denies it. The case worker, a student in training, identified with the boy, accepts it as fact with difficulty. She is able to forgive the boy in her own feeling about the occurrence by the study of his background in a disreputable section of the city, his lack of training and his poor associates. History serves in her thinking as an excuse for behavior which she cannot accept as such. But as long as the student places the explanation of the boy's behavior in past experiences which excuse the behavior she cannot help him through his present problem. Her attitude carries with it, as an almost inevitable consequence, the feeling "this must not happen again." We see here three typical levels of reaction to undesirable behavior: first, rejection of the individual; second, rejection of the behavior and denial of the individual's guilt; and third, forgiveness for

the individual through finding an excuse or alibi for the behavior.

To understand the boy at this point in his development it is essential to accept his behavior as an expression of the boy's own self; to know his impulses and attitudes; his satisfactions and dissatisfactions as they operate in the present. What inferiorities pursue him in his relations to other children? What problem in his relation to the woman is this behavior attempting to solve? His attitudes towards the girl in the school yard, towards the foster mother, towards his own mother and father (both dead), would help build up an understanding of his problem. Every factor that is active in his attitude is an essential part of the present situation and invaluable for an understanding of his needs in determining placement. Probably with this inarticulate boy it will be impossible to get sufficiently fine enough detail of attitude to define the problem. History might add other illustrations of the way his problem expresses itself and the reactions of other individuals to it. History could not define its inner meaning nor locate its origins in causative circumstance. The skilled worker must eventually base her decision for his placement on the material that gives the best picture of his present orientation to his environment in terms of his positive and negative attitudes, not on background material about parents and grandparents and the child's early experiences.

In the following illustration the value of an initial study of the dynamic attitudes in a situation in preference to history as such is clearly indicated. Mrs. A., a widow with three children, comes to a child guidance clinic for help on the personality problem of her youngest child. In the first interview, she offers, of her own initiative, a

statement of the child's problem, her backwardness and timidity in school, her inability to make friends of other children. Her whole picture of the child creates at the same time an equally vivid picture of the mother's disappointment, her pride stung by the child's failure. She then describes two older children, brilliant, efficient, successful, and their scornful treatment which amounts to positive cruelty to the youngster. Her satisfaction in them and in their rejection of the youngest child is obvious. The case worker will ask any question here necessary to bring out the attitudes in the present problem. It is clear that the mother adores the oldest child, accepts the second as like the first and a tool for the advancement of the first, and rejects the last and different child as an interference with her own ambitious drive of which the first two children are a part. Also the mother is convinced that the situation cannot be altered, that the blame lies in the make-up of the youngest. To accept the possibility of change would mean an admission of her own responsibility against which she is very successfully defended. Nevertheless there is a faint stirring of guilt fanned no doubt by the teacher and others in the school interested in the welfare of the youngest. This underlying guilt leads her to the clinic that she may have an outside source on which to place the responsibility for the situation. She repeatedly assures the case worker that nothing can be done and raises insurmountable obstacles to every obvious suggestion such as "had she ever considered sending one child away to school to relieve the rivalry among them." The case worker's aim in this interview is to analyze the forces in this home situation as has been briefly indicated here and to decide why the mother is bringing the problem to her and what use she intends to make of her and

of the clinic. If she is using the clinic to fortify and justify herself in her attitude towards the child, to prove them wrong and herself right in every suggested change, then the case worker's further question must be to determine whether the mother will perhaps get enough release from being able to project her guilt on the worker to modify her vindictiveness towards the child. In this case it may be worth while letting the mother work out her problem on the clinic to this purpose. Or if the clinic decides that the mother is not likely to change her attitude, it may nevertheless decide to go into the situation further to see what other factor might be capable of some change to relieve some of the pressure on the youngest child. It may be that one of the other children might be able to enter into a relationship with the case worker which would enable her to accept the youngest child (with all due regard of the effect on the mother and the third child if any change in the balance of power in the situation as a whole is produced.) Again the case worker might decide to try a relationship with the youngest child directly for what it might do for her to find herself the object of interest, attention, and concern from someone outside the family in a hope that if her behavior improved sufficiently of itself the mother might find her a child to be proud of.

In all this the worker has had no concern with history as such. The mother will advance it from time to time in self justification and explanation. She may offer her own experience with a good for nothing husband as one more proof that the youngest who resembles him is hopeless but it will not aid any in the solution of the worker's problem to know this fact as fact or to seek to build up more of a picture of the domestic relations of the two by

interviews with their respective parents. This fact has meaning only as it is active in the attitude of the mother. If her introduction of this material about her husband indicates any admission of failure on her own part and consequently a point of contact at which change may be acceptable then the worker will seize this as a treatment opportunity, i.e., as an indication that Mrs. A. has been able to come far enough in her acceptance of the worker to lay aside her defence and admit into consciousness an awareness of her failure in marriage. A later step in this growth process might be the acceptance of her own failure and a toleration for the child who is a personification of it.

In such an approach to a situation the analysis is made in terms of the dynamic factors within it and the possibilities of their interaction in the new dynamic situation set up by the case worker's presence. This kind of analysis is in use in child guidance clinics, in children's agencies and in family societies to some extent. It is too tentative as yet to have voiced itself clearly in the records even where the worker may be thinking about and discussing her case in these terms.

Summary

The preceding chapters have traced the development of the treatment process in social case work from impulsive action in the client's behalf through the period of increasing respect for the client's essential individuality to the present decade when, some critics argue justly, treatment has almost disappeared from case records. We see in this development a necessary identification with the client's experiences until case work shall have built up enough understanding of personality variations and a

sufficiently organized genetic psychology to be able to separate from this identification and accept the full responsibility for the client's problem as it expresses itself in the present within the limits of the case work experience. The acceptance of this responsibility involves the case worker in a treatment relationship whose essential characteristic is dynamic interaction between client and worker and by this distinguished from the early "doing for" or "doing something to" the client or the later "understanding the client through his past." In one, the worker projects herself upon the client, in the second, she escapes herself in identification with the client, while in the third, "the treatment relationship," she accepts responsibility for herself and for the relationship as well.

A distinction has been offered between history of the client's experiences and knowledge of his present reaction tendencies in the hopes of clearing up some of the existing confusion about the place of history-taking in a treatment process. With the exception of this distinction and the subordinate place it assigns to history except as material in the treatment relationship, this chapter does not go beyond the analysis of the trends which seem to the writer to be very present in some of the case work that is being done at the present time. It is recognized that the formulation of such trends in this didactic form may call forth much controversy as to their existence and interpretation.

CHAPTER XIV

ATTITUDES AND TECHNIQUES

We have seen that there is one common quality underlying the attitudes of clients seeking case work help—the active search for a relationship in which to solve a problem. Similarly the case worker universally holds out this answering quality in her attitude when she accepts the problem:—"I am here to help you solve it." No other factor in the relationship is apparent to the client. The client knows nothing of the conditions, the possibilities, the limitations of this case work help he is seeking. Sometimes he intends to present what to him is a very slight and temporary problem—he would like a load of coal to tide over a hard month, or help in getting work during a season of unemployment. Rapidly he becomes involved, through the case worker's interest and concern for his whole economic situation, his health, his family relationships, in asking and taking help on his fundamental problems, and consequently in a relationship with the case worker which was unsought on this level and therefore not accepted and understood in advance. Even where the individual seeks help on so fundamental a problem as his relations with his wife or children, he rarely has any idea in advance of what he will go through in the process of reaching a solution. In this respect, the knowledge and control of the conditions must seem to the client to lie entirely within the case worker's control. The giving or withholding of relief, the time she spends in listening to his story or the time she denies him in listening to some other member of his family, her special attentions, such as affording opportunities for recreation or health care:—

all these seem to locate in her some arbitrary and variable authority and power over his situation beyond his control, often beyond his understanding. The sense of this power in the hands of the case worker precipitates at once the client's fundamental problem in relation to the "other" and his typical reaction of dependency and subservience to that control or negative assertion against it, both so familiar to the case worker in their concrete manifestations. In respect to this factor of control it is interesting to note the striking contrast between the case work and the analytic relationship. While control of the situation in the former is arbitrary and variable and neither understood nor accepted in its conditions by the client when he comes into this relationship, in the analytic experience the patient knows and accepts the conditions when he applies for an analysis. He accepts the unchanging condition of a limited time period daily and furthermore he realizes that he is entering upon a relationship which will gather deep significance for him and will inevitably eventuate in a separation experience.

This arbitrary control with which the case worker is endowed and the fact that the client does not understand nor accept the conditions or the relationship before he may be caught in it raises grave problems for the case worker which are scarcely even as yet realized as problems. One may wonder whether it is possible to reduce the arbitrary control which the worker exercises, or at least to define it in advance so that the client may understand and accept it. In the light of our increasing sensitivity to the client's state of readiness or unreadiness to enter upon a case work relationship we must ask the question whether it might not be better to give the load of coal and let it go at that as a simple relief procedure,

rather than to intrude upon his fundamental problems when he has indicated no readiness to have us there. The answer should lie not in the discovery that the situation contains problems or needs case work treatment, for in respect to this all situations are much alike, but rather in this question: "Do the individuals in this situation seek case work help at this point or are they making an adjustment fairly satisfactory to themselves without it and what kind of use will they make of case work aid if offered?"

The second quality which the case work relationship holds for the client is understanding, of a depth and penetration which almost without exception gives to this experience at once a unique character. Here the rehearsal of history in its treatment value is apparent when the client offers himself to the worker, through his story of his past experiences, and is accepted without criticism or disapproval. The records show a steady increase in the intimacy and completeness of these histories as case workers have grown in their understanding and capacity to identify with more varieties of experience. An illustration in point is the growth in detail and intimacy in the record of the individual's sex history in recent years as a result of the worker's growth in understanding sex problems and her capacity to accept the client's experiences without judgmental reaction.

The greatest limitation in the case worker's equipment in understanding at the present point seems to lie in her failure to understand ambivalence in reaction. Her training in history has accustomed her to look at the events of experience in the large as a causal chain, to seek in behavior explanatory unit patterns. The concentration upon the finer detail of reaction which the acceptance of a treatment relationship forces upon her will bring about

eventually a keener awareness of the complex ambivalence back of every reaction. On the other hand, this awareness is delayed by the necessity which the case worker is under to accomplish something, to effect a change in an attitude or situation in conformity with her conception of a norm of personality growth or a social norm. As an illustration, a client about to give birth to an illegitimate baby discusses with the worker the possibility of an abortion. In this discussion it is easy to read all her conflicting attitudes. The worker, under the pressure of her own fear of abortion and the moral values attaching to it, reacts immediately to the client's slightest expression of desire for the baby without giving the client a chance to express freely her desire to be rid of the child. A plan is quickly made on the basis of the desire to have the child and the birth takes place. The mother gives it the worker's name and shortly after she comes out of the hospital asks the worker to place it for adoption apparently with a free conscience and the feeling that it was the worker's responsibility. The opportunity which this situation offered for the client to accept her own responsibility for the child was lost by the case worker's assumption of that relation so that the client could easily project her guilt upon the case worker's shoulders. The illustration could be multiplied by numbers like it in which the worker's necessity for constructive action inhibits her from seeing clearly the forces at work often to defeat her plan later.

The problems which the quality and depth of her understanding plus its limitation raises in the treatment relationship seem insoluble at the present time. The client responds to the understanding with a sense of release and of being accepted by another and in turn accepting the other, never before experienced. Here is a rela-

tionship in which he knows union and freedom to express himself. Inevitably in this deepening experience of release and freedom, conflicting attitudes come into consciousness and inevitably these attitudes must be checked by the case worker's necessity of favoring the socially right, the constructive attitude. Jealousy of the case worker's interest in his wife and children is a natural by-product of the reaction to her understanding of his problems on the client's part, but this attitude the worker would find it hard to admit into her necessity of having the whole situation move forward constructively. Very rarely do we read of the worker's permitting an expression of negative reactions towards herself and the agency, though they are undoubtedly present in every situation at some points. So the client is again caught and held in the network of his own patterns by the limitation in the case worker's understanding, as he is by the arbitrary and irrational control which she exercises over his destiny.

Aside from the necessity of working towards a norm which we shall discuss presently, there seems to be no reason why the case worker's understanding of ambivalence should remain static. Records indicate that it is growing steadily in spite of every obstacle and there seem to be no real limits to her increasing consciousness of the client's complex attitudes.

A very interesting secondary problem in connection with an understanding of ambivalence is the question of how to handle it with the client. "Interpretation" or "interpreting the client to himself" is a valued technique of case work at the present time. In many instances it seems rather the worker's interest than the client's and one wonders how much value it may have to the client. Records today abound in illustrations of the case worker's efforts

to give the client insight into his own mechanisms. She offers him elaborate explanations of behavior which have been but recently acquired and passed on in the full flush of their interest to the worker, often poorly assimilated by her and usually incapable of being assimilated by the client. It would be salutary for our procedure in this respect if we could more often get the direct come-back to our efforts to offer insight that a student recently received: the come-back of the door slammed in her face in response to her carefully prepared history and interpretation of the client's habit of exaggeration and prevarication. "So I'm a liar, am I?"—this dramatic summing up by the client of the meaning of the interpretation indicates the distance between the worker's insight and the client's readiness to receive it. This factor of readiness, a time factor, in developing insight, is one we have only begun to sense dimly in our dealings with people. Until we are more aware of its import we should be very wary of attempting interpretation which, without consideration of this factor, is so apt to operate as gross intrusion into another's life.

The third quality with which the case worker is endowed for the client is an identification with the morally right or the socially right as he conceives it. He approaches this in the abstract in first contacts either with admiration and respect or with resentment and protest. The unexpected tolerance with which the case worker greets behavior which violates his moral code, invades his abstract picture of her as arbiter of right and wrong and permits him to accept her as identified with his own morally condemned strivings and desires. Here again she is apt to fail him midway in that her conflicting identification with the socially right, or what is right for this family,

or for this individual, inhibits his condemned and negative impulses. This forces him either to a premature identification with her in this effort to achieve a norm against which the conflicting impulses continue to protest, or in a flight from the too great pressure which this effort entails. An interesting illustration of both these reactions is seen in Mr. B. who, in his first contacts with the case worker, revealed his whole story of struggle and failure and seemed eager to put forth an effort to become self-supporting and a help to his family again. When the case worker began to act upon this identification with her constructive desires for him and to offer him jobs of various kinds, he disappeared without word to her and involved himself again triumphantly in protective contacts with his old gang in a flight from the pressure of social responsibility which seemed to have fastened down upon him before he was ready. To him there must have seemed an inexplicable conflict in the case worker in that she accepted his worst self in his past and yet so quickly and firmly desired him to be different in ways that condemned his past. On the other hand, many constructive therapeutic adjustments have been made by individuals on just this basis of identification with the case worker in her ideals. It requires fine analysis on the case worker's part to determine when this identification is one which can really organize the client's own impulses at that time and operate effectively in his reality contacts and when, on the other hand, it is a premature taking over of her ideal in denial of his own will and desires. In the latter case this identification will serve to further increase his conflict and will operate to disorganize the situation as a whole. Again we see how the case worker's own stake in the situation, expressed as the necessity of doing a good case work job,

of considering the family as a whole, or the attitude of the agency or of society towards this situation, must operate to prevent her making this discrimination in terms of what the identification with "the right" means at this time to the client in his total organization.

We arrive here at a fourth characteristic of the case worker's attitude, her objectivity, her detachment from a personal stake in the client's problem. This perhaps more than any factor in the entire situation creates for the client a unique opportunity to change. In every other experience his need has been met by an opposing or an answering need, his will by conflicting or conquered will. In her function of understanding and accepting the client, the case worker asserts no will of her own, but becomes at his service. This attitude depends upon her integrity and freedom from designs of her own in the situation and varies with the case worker's development, a problem which will be discussed further in a chapter on the worker and her training. The client's response to this quality of impersonality is always ambivalent in that he, on the one hand, wishes to arouse some personal response as a token of his power to do so, and, on the other hand, he finds a new satisfaction in this impact with a force which permits his self-expression without having to retort in its own behalf.

Objectivity is an aim for which the worker must strive consciously in every situation through deepening her understanding of the client's problem and separating her own personal interest from it. It is never a goal which can be attained once and finally. It must be sharply differentiated from a detachment which is lacking in understanding and identification. It rests upon the finest possible feeling, identification with the client and intelligent

analysis of the factors in his problem, and eventuates in a perspective which leaves both the client and the worker free. The worker does not have to take over the problem but can let the other solve it in his own way and time. Case workers have been so involved in their own necessity to give that it requires a new appreciation of the client's reactions to accept the fact that a gift is not necessarily therapeutic in itself as given. Only the development of a true objectivity makes it possible for a case worker to reject and close cases, to extricate herself from situations when she realizes that the client is only using her in order to project an old pattern and is not able to change this pattern through anything the relationship can offer.

The supervisor's handling of a worker in the following situation indicates a rare capacity for objectivity. This worker presented repeatedly her discouragement with her own performance projecting it on first one failure or situation and then another, but in moments of insight laying it squarely on herself. The worker, in the discussion of her cases, seemed always to seek the encouragement but could never accept it as convincing. Any discussion of the difficulty seemed to drive it back to the worker's conviction of her total inadequacy. The supervisor might have continued to treat this problem on the basis of its symptom and pointed out success and given continued encouragement. Actually she decided that encouragement, while it accepted a projection and satisfied a temporary need, was really a constant source of dissatisfaction to the worker in that it failed to admit the problem for the all devouring, completely inhibiting thing it was. When she became thoroughly convinced of the depths of the problem she granted to the worker the reality of her complete sense of failure and suggested that she seek help

in solving this fundamental problem of her destructive attitude towards herself. The worker left the organization with a minimum sense of rejection and sought psychoanalytic help. In a similar situation another supervisor found it so important to have the worker succeed that she could not extricate her own need for success from the situation and continued to bring praise and encouragement to bear on the worker to make her see that she could do a good job. Under this pressure the worker grew more and more depressed and finally failed actually.

As objectivity develops in case work, perhaps we will see a decrease in relationships carried on an intensive level, and greater skill, in terms of deeper knowledge and understanding, to limit the goal of treatment. Only the most unflagging efforts to achieve this kind of objectivity will enable case work to think through the reactions, which case work in its offer of help, precipitates in those in need and to rigorously limit the treatment goal in each situation, not in terms of the extent of need and what might be ideally desirable but in terms of the individual's capacity for change within the limits of the relationship.

Some of the most well established techniques of case work must be considered here in the light of the problems just stated. Approval, praise, and encouragement; stimulation, motivation, leadership;—by whatever terms we call them, such methods are generally accepted tools by which case workers attempt to organize an individual's attitudes along constructive, socially acceptable lines. The negative attitudes of disapproval and blame have gone so generally out of use that we need not discuss them here except to comment that the expression of the positive attitude implies always to the client the possibility of its opposite, as to the school child the teacher's praise carries

with it the fear of a reversal of this attitude on another occasion.[1] Praise and approval are symbols of power which, actually as we have seen, the case worker wields over the client in a fashion which to him must seem arbitrary and variable. His response to praise and approval then would seem to be based on the same fear and dependence-resistance attitude which underlies his reaction to her power expressed in other ways.

The skillful teacher learns to use praise and encouragement so sincerely and so wisely that they build up the child's relation to the material which he is trying to understand. For instance when he is trying to make a chair with new and unfamiliar tools she will know at what moment to tide him over his discouragement by mentioning the good points in his efforts or indicating how it will look when one more step is taken. That is, when he becomes thrown back on himself in a sense of failure and inadequacy she relates him back to his material by her belief that it can be accomplished. She permits a momentary dependence upon her to relate him again to his own organization and purpose. By the shadow that this encouragement goes too far in emphasizing the teacher's interest in the project or her responsibility for it, it ceases to be the child's plan and his relation to it and becomes the teacher's. Her praise also is rare and always related to the task or project accomplished and therefore external to the child rather than applicable to the child himself. It is even possible for the teacher to give criticism of a performance when it is sufficiently external to the child and when he is more interested and active in finding how it can be improved than she is. It would seem

[1] For an interesting discussion and illustrations of this point see an article entitled "The Catch in Praise," by Jessie Taft, in *Child Study*, February, 1930.

as if the essential quality of the teacher's attitude here is her respect for the child's purpose and effort and relation to the material and her own detachment from it. So long as praise, criticism, and encouragement do not assume a control and responsibility on the teacher's part and deny it to the child they seem to be productive of independent growth. This illustration may be suggestive for case work though it offers no guide as to the application of this attitude to the more difficult problem of the use of praise and encouragement with the adult.

The techniques of "stimulation," "motivation," "leadership" imply an even greater control over the client's will and development. Here we see the case worker clearly identified with the norm or plan which she has in her own purposes for the individual and the situation, attempting to project this plan in the interview. In the discussions of interviewing which have been appearing particularly in the reports of the work of the Chicago Chapter of the American Association[2] and of the Kansas City Chapter[3] and the Twin City Chapter,[4] this point of view is apparent.

Pearl Salsberry's paper presented to the National Conference at Des Moines[5] gives the most complete formulation of the techniques which the worker uses to influence the client to some end. She quotes from H. A. Overstreet

[2] *Interviews.* See Bibliography.

[3] Stuart A. Queen, "Social Interaction in the Interview: an Experiment," *Social Forces,* Vol. VI, No. 4 (June, 1928), pp. 545-69.

[4] Mary S. Brisley, "An Attempt to Articulate Processes," *The Family,* Vol. V, No. 6 (Oct., 1924), pp. 157-61.

Pearl Salsberry, "Techniques in Case Work," *The Family,* Vol. No. VIII, No. 5 (July, 1927), pp. 153-57.

Joanna C. Colcord, "A Study of the Techniques of the Social Case Work Interview," *Social Forces,* Vol. VII, No. 4 (June, 1929), pp. 519-27).

[5] Pearl Salsberry, "Techniques in Case Work," *The Family,* Vol. VIII, No. 5 (July, 1927), pp. 153-57.

for psychological authority for the relationship of control by the worker of the client which she is advocating: "the salvaging of human life consists not simply in having high ideals. It consists as much in having the knowledge how: We need, in short, to know how to interest our fellows; how to arouse their expectations; how to build up habits of favorable response; how to lead and adjust and control. All this is the groundwork of our human ethics."[6]

She describes the work of a committee which studied over a two-year period the "how" succeeding in isolating and naming eighty-six different techniques in ten interviews analyzed. These are grouped into seven general classifications the subheadings of which listed below indicate clearly some of the attitudes involved. Under the classification, "Techniques used for breaking down defense mechanism," the subheadings are as follows: (1) "Anticipating ultimate outcome." (2) "Abusing for defense." (3) "Puncture." (4) "Rushing." (5) "Swaying by oratory." (6) "Taking client off his guard." (7) "Using acquired information." (8) "Putting cards on the table." (9) "Chasing into a corner." (10) "Instilling fear." (11) "Negation." [7]

Here clearly the assumption is that the worker knows what is good for the client and her task is to see that he does it. The worker's authority is kindly but complete and patronizing and denies the will and individuality of the client. He is a child to be "led, adjusted, controlled." This authority to control behavior seems to rest upon a conception of an absolute right and wrong and a final norm for social and individual adjustment. The technical

[6] H. A. Overstreet, *Influencing Human Behavior*.
[7] Pearl Salsberry, *op. cit.*, p. 156.

processes described seek to establish a control over the client's inner life and behavior as definite as, in the earlier days of active treatment, the arrangement of his social situation.

This approach to case work which attempts so frankly to manipulate the client to its own ends brings out clearly the two contrasting and conflicting pulls which operate confusingly in all case work.[8] One is the active, aggressive desire to help, to change, to reform, to control, which projects itself upon the other individual and his social situation. This projection operates, no matter how delicately it may be expressed, as force or pressure of one will upon another. The other drive is the need to understand the client's very different reality which absorbs the worker through identification into the client's problem. Here and there in rare analytic moments, case workers are withdrawing both these projections and becoming self-conscious of the relationships to their clients in terms of the client's reactions as determined by his own growth process released in the relationship. The "control" in such a relationship lies only in the integrity and self-consciousness of the worker which enables her to keep her will free from that of the client.

A helpful test of the case work relationship and of all descriptions of the attitudes and techniques involved can

[8] It should not be inferred that the Minneapolis group is unique in this point of view. Rather they should be regarded as having rendered unique service in making articulate in extreme form techniques which operate obscurely in a great deal of case work today. It is interesting that even in the Milford Conference Report the same attitude of patronage of the client which we have criticized in the Minneapolis study comes out in much more subtle guise in the definitions of interviewing, participation, etc. (*Social Case Work Generic and Specific*, p. 24.) The same hope of control "through schemes and techniques which will secure adequate control over human behavior" (p. 268) for social sciences appears in Ernest Mowrer's *Family Disorganization*. University of Chicago Press, 1927.

be applied by considering it as reversible, the worker becoming the client and vice versa. As long as case workers feel, as some do, that they would never want to enter into a case work relationship as a client, "to have case work done on me," there is something fundamentally unethical in that relationship. The most elementary concept of an ethical relationship rests upon a mutual respect for the integrity and individuality of the other. Without this as a foundation the case work relationship is a travesty. But if this fundamental is accepted the case work relationship by virtue of its depth and meaning to both client and worker must open up constantly a clearer consciousness and a finer appreciation of the more and more that is implied in integrity, individuality, and growth in relationship.

By way of summary it may be said that this discussion of attitudes which the client finds in the case work situation has forced us to recognize certain essential, perhaps inevitable, conflicts. We see the case worker holding out to the client promise of help, understanding, objectivity, and respect for the client's individuality and right to work out his own problem on the one hand, but at the same time she exhibits marked limitations in understanding and wields an arbitrary power over the client's destiny, manifested in the variable factor in the bestowal of time, attention and relief and her insistence on a constructive plan, the socially right. Her understanding and acceptance operate to stimulate and encourage a growth process, while her failure to understand ambivalent attitudes, her inability to receive negative destructive impulses which conflict with her picture of what is right and desirable for the client or the family as a whole, may immediately check, perhaps inhibit completely that growth process.

In the second place, we have recognized two extremes of attitude taken by case workers towards the client's part in this relationship which define themselves more and more clearly in discussions of technique. In the one, the case worker's part is very active in knowing what is right for the client and "motivating" or "manipulating" him to this end. We may see in this development a continuation of the older interest in active environmental treatment transferred to control of the inner life of the individual. In the other tendency, we see an increasing respect for the other individual accompanied by a corresponding reservation in taking active part in his affairs. In the former, technique consists in a repertoire of tricks by which the worker controls the client's movements in an almost point by point scheme. In the latter, technique lies rather in creating a relationship environment in which the individual growth process of the client can be released. This internal process itself then becomes the center, the growing point of change, rather than any external manipulation of the client from point to point. There is little known and everything to be learned about the elements in relationship which favor such a growth process. Experience points to understanding and acceptance as the most essential factors in attitude of one individual towards another to create sufficient security in the other to permit the expression and release of his own impulses. We have seen the obstacles to the maintenance of these attitudes which seem inherent in the case work situation. The only hope of solution for these conflicts may be seen to lie in the worker herself and her capacity for objectivity, not only in relation to the client but in relation to the pressure of community and social standards.

CHAPTER XV

THE WORKER AND HER PREPARATION

From friendly visitors to paid professional workers, and from professional workers with no equipment, except human sympathy, to the standardizations of equipment today in terms of college degrees, training in a professional school and experience in a good case working agency—these stages describe a long upward trend in increasing educational standards for this task of social case work. But the qualities we have been defining in the preceding discussion are factors of attitude, not of knowledge. The capacity to accept another individual may grow through knowledge of individual difference obtained by a study of psychology, literature, history, sociology and other social studies but depends primarily also upon an attitude towards the "other" which knowledge cannot guarantee. Even in a professional school of social work, where the classes in social case work and problems of personality attempt to organize knowledge around this focus of individual difference and to develop an attitude of acceptance of it, there is no uniform response to this teaching. With the same background of knowledge, students vary widely in their capacities to understand and to accept the different individual. We find some students who cannot acquire this attitude at all and must be directed into another field of work.

As we explore this acceptance of difference in its relations to other attitudes which the student exhibits, we find we are dealing with a fundamental factor characteristic of his ways of relating himself to people and things and of his way of regarding himself in these relationships.

Perhaps we have not as yet the knowledge to analyze our understanding of the student from this point of view but at least we begin to see its significance in case after case. We have always recognized a factor independent of knowledge upon which the worker's success might depend under the vague name of personality. Pictures of a desirable personality equipment for social case work have been painted, including every admirable quality in human make up. Sometimes this equipment has been thought to be native, "born—not made," but recently there is an increasing tendency to believe that certain personality factors are developed in the process of case work training itself and can never be "given" per se.

It is recognized also that a student may have a delightful, pleasing, outgoing personality in ordinary social contacts with her own group and never penetrate deep enough into the different personalities she must work with in case work to have anything of value to contribute in her contacts here. A shy, inhibited student, on the other hand, to whom social contacts with her equals have always been effortful, may surprise us by the ease with which she goes out to a client in need and she may develop more sensitive understanding and greater strength in meeting human problems than the student who seemed to offer better equipment in her natural social responses. The terms, "good," "attractive," "pleasing," "outgoing," "friendly," "sociable"—in their usual connotations do not describe a personality equipment which will necessarily succeed in social case work.

The extent to which this matter of the worker's attitude involves the integration of all her attitudes, of her entire adjustment, and is not a superficial acquirement of a technical training to be put on for purposes of her job

only is well brought out by Lucy Wright in a delightfully human and philosophical discussion of "The Worker's Attitude as an Element in Social Case Work" in 1924.[1] She says, "I believe that social case work is a search for the truth for creative purposes in the personality of the client and in all his relationships. It will share in the creative purposes of social discovery and social education in proportion as it rises out of a creative attitude on the part of the worker. I am assuming that one's attitude depends upon one's religion, one's philosophy of social work and of life, and upon the plan of action resulting therefrom and checked up by experience."

While accepting this statement of Miss Wright's as profoundly true and appreciating that the worker in action in her case work contacts is a whole person where all of her experiences and her unique individual reactions function in an organic integration which defies analysis, nevertheless for purposes of interpretation and training I am attempting to isolate and define a single essential attitude which the worker must acquire for fruitful case work. The problem as it has been formulating itself in my mind is to choose an attitude sufficiently general and fundamental to include and interpret specific attitudes towards individual objects and classes of objects. At the same time, it must be an attitude which we can see exhibited in reactions towards specific objects and consequently study in its movement and development through case work experience. In discussing this problem with different people, I get different ways of conceiving this fundamental attitude, different terms and different contents. One says that the case worker must have "emo-

[1] Lucy Wright, "The Worker's Attitude as an Element in Social Case Work," *The Family*, Vol. V, No. 4 (July, 1924), pp. 103-9.

tional balance," "security in herself," or have "solved her own problems." Others state it from the opposite point of view, that she must be able to identify with the problems of other people rather than to project her own self upon them. Each of these statements emphasizes one side of the problem, the worker's attitude towards herself, or her attitude towards the other. Both are regarded as essential attitudes in the case work relationship. It would seem then that an inclusive definition of the essential attitude would have to state both emphases, the attitude towards the self and the attitude towards the client. In other words, we seem groping to define a balance in relationship, in which the worker has sufficient security in herself ("has solved her own conflicts," "is well adjusted," "has handled her own needs") to leave that security and enter into the reality of another individual's feelings. This participation, described as "identification," must be not merely intellectual or verbal but a genuine feeling experience, a living through of the other's attitudes and experiences in their essential meaning to the other.[2] The third phase of this balance would be again the phase with which we started, the worker's own poise in herself which would secure a proportion for this identification with the client in his own experience, that is, the worker would not be personally lost in that experience, be overwhelmed, depressed, or elated by it. The phrase that seems best fitted to carry the fundamental meanings in this balanced attitude is *acceptance of self and acceptance of difference*. Or I would like to borrow a word which Piaget uses to describe logical thinking and say that the case work rela-

[2] I have tried to define the active feeling aspect of "identification" as opposed to its intellectual aspect in a discussion of Dr. Greene's study of the interview published in *Social Forces*, Vol. VI, No. 4 (June, 1928), pp. 545-69.

tionship is a reciprocal relationship in which the case worker must accept herself and the other equally, in which all of her attitudes towards the client would be such that she would be content to be at the other end of such a relationship herself. Such a description of a fundamental attitude must necessarily be abstract and contentless, because it must be recognizable to us in any content through which it is expressed. One worker will have problems in contact with colored people, another with superior clients, another with men, another with women, one always bungles a contact with a school principal, another is unable to get any information or coöperation from a doctor, one can't get anywhere with a particular Mrs. X. or Mr. Y. "I just can't talk with that sort of person." Or it may be the worker cannot accept a particular type of behavior—"I can't go any further if the client lies to me." Sometimes the rejection goes into a general content such as a different racial group, sometimes into the individual personal content of a particular individual or particular behavior. The wise supervisor will see in all these varying contents the fundamental problem of the individual's acceptance of himself as well as of the other in each situation and will watch the development of this capacity to accept difference as the surest index to the student's growth and progress.

From this point of view, those of us who are interested in professional training must ask ourselves, what can classes and well supervised case work experience expect to accomplish in furthering the growth of this attitude of acceptance of self and of the other, upon which a fruitful case work relationship seems to depend. The first responsibility of the training schools upon whom the burden of this task falls is the selection of students who are

capable of the development we seek. This is to measure potentiality, not actual present ability or performance, in applicants, for no student fresh from college has sufficient experience in relationships or enough understanding of differences in people, their backgrounds and behavior, to be able to meet the clients that come to the application desk of a social agency intelligently and helpfully. A test of the worker's emotional adjustment has been suggested[3] but I have no conviction that this is possible or even desirable to attempt. In my own experience I have found the personal interview the only situation in which we can sound out the applicant's attitudinal equipment. Such an interview can be very profitable to the applicant and the interviewer if it is entered into by both with the common purpose of attempting to find out whether social work is really the field for which the applicant is best fitted and for which she wishes to train. Background and history are unimportant and out of place in such an interview unless introduced voluntarily by the applicant himself but everything in the applicant's present situation, interests, ambitions, relationships, are pertinent and revealing. In such interviews certain students are being discouraged and eliminated constantly for reason of attitudes which do not show promise of development or change in case work experience. But there is as yet no body of experience in the hands of the schools on which we can base any conclusions as to where to draw the line in doubtful cases. We must still give a chance to the individual who shows any promise of growth and any desire for it and trust to the field work to provide the real test of capacity later.

A second responsibility of the training school is to

[3] Alice M. Leahy, "Emphases in Psychiatric Social Case Work," *Mental Hygiene*, Vol. X, No. 4 (October, 1926), pp. 743-50.

provide an atmosphere in which the student is free to learn, to think, to experiment, to grow, to change. The attitudes we are interested in having the student acquire which will give her responsibility in relationship are not to be learned by accepting the authority of greater wisdom or experience or even by identification with a case worker who may provide an ideal. The student can only hope to become responsible for others by first becoming responsible for herself, her opinions, her ways of acting, her decisions. The school can never teach this type of responsibility but it can provide the opportunity for a student to work into it for herself if she can. This opportunity can be created by the school specifically through giving the student complete responsibility for her own attendance, and preparation, by doing away with grades and examination requirements, by emphasizing professional accomplishment rather than academic attainment.

The greatest opportunity for change, however, will come to the student through the field experience and in the classes which interpret this experience. This field experience has two important aspects, the student's actual work on case problems and the supervisor-student relationship in which this work takes place. If the teachers of case work and "personality" classes in the school and the supervisors in the field have in mind this attitude of acceptance of difference as a criterion of progress, problems will be selected for discussion and cases assigned in the field which will give the student opportunity in proportion to her readiness to identify with experiences and attitudes different from her own. The more usual path of the student as I have watched it through over-identification with an individual, first on the basis of certain like and understood, or perhaps different and desired,

characteristics, the identification being in terms of the way the student would feel about it. In other words, the student's first reactions to clients are naïve and limited identifications, perhaps more accurately termed projections. Further experience with the client, however, invariably reveals difference which refuses to conform to this limited identification. As an illustration, a student getting experience as field worker in a reformatory for girls, identifies completely with a girl of unusual intelligence and culture, arrested for shop lifting, a charge which the girl denies. The student accepts the girl's story as absolute fact and sets out to defend to the world the character which she has projected upon the girl. When investigation proves the girl's story a fabrication, the student reacts to the shock of this discovery to identify with the girl not as she behaves, but as the student believes she really is underneath, which is what the student wishes her to be. In this phase, the student is very active in projecting her plans, her ideals, her interests on the girl. Her efforts might be successful if the girl had enough satisfaction out of the relationship and enough likeness to the student in ego interests to be able to maintain an identification on this level. But actually, the girl feels strange and uncomfortable in this atmosphere of high expectations and attempts to escape the student's pursuit with one series of lies after another. At this point, if the student can accept defeat of her plan, realize the subjectivity of her projection, and direct her energy into an effort to understand the girl as she is, to learn the meaning of the lying and stealing, there is tremendous educational value in the whole experience. In this event, the student puts no need upon the girl beyond the need to understand the meaning of her reality, the identification is no longer naïve and

limited, but disciplined, comprehensive and objective, and the relationship possesses a true relativity of reciprocity in that the student reacts to difference in the other with true appreciation of that difference in itself and in relation to its own background instead of with a fixed personal response of her own as with "I can't bear to have her lie to me."

I have said that the supervisor's and the teacher's first responsibility lies in the selection of material with which the student can identify naïvely, which in turn disciplines the student by its refusal to fit into her mould completely. An equal responsibility of greater importance perhaps to the student is the supervisor's responsibility for the relationship in which the student must work. This relationship has two aspects, first it is essentially a teacher-student relationship in which the supervisor brings greater experience and knowledge to the common project of the case work job on which both are working together. But the student brings also to every case problem for which she is responsible the superior knowledge of her first hand contacts. When the focus is on the common problem with this more or less equal contribution from supervisor and student, the relationship is sincerely an equality relationship. The student just out of college, working perhaps for the first time, has great need for a relationship on this level and for recognition of herself as an ego, a professional person. She longs to do things her own way, to make her own decisions, to be responsible, just as strongly as underneath she may doubt her adequacy. The supervisory relationship which in the early stages gives her the greatest amount of ease and confidence in her own way, is perhaps the one in which her development as a case worker is most soundly rooted. From this security she

is most free to experiment, to make mistakes, to build up her own confidence in her contacts. As supervisors and teachers we have much to learn about how to create the situation in which the student is free to learn.

The supervisory relationship, however, cannot always remain simply a teacher-student relationship on an ego basis. Almost inevitably the fact of the supervisor's greater knowledge, her understanding of human experience, and her interest centered in the student, precipitates in the student the same type of reaction it precipitates in the client, a libido movement to work out her own relationship problems in this understanding atmosphere. Some students resist this movement successfully showing more or less ego stress and sensitivity during the conflict. Others accept the relationship on this level, some very simply, often unconsciously, keeping an ego identification with the supervisor throughout and growing and learning steadily through the whole experience. Other students react on a deeper level and precipitate the relationship into analytic depths frequently with painful and embarrassing consequences for the supervisor who is not equipped to see it through on this level. As to the supervisor's control over this aspect of the relationship, one point seems clear: the supervisor herself should not push the student into this relationship by her own need to know the student's history and personality, rather should protect her from it as far as possible by the keenest sensitivity to and respect for the student's desire for independence.

One essential function which the supervisor must fulfill in her teaching capacity combines with the fact of her understanding of human experience to drive the relationship into one which has personal, libido value for the

student. At the point where the student finds her naïve identification rejected by the client as in the illustration quoted when the student finds the client is guilty of stealing and later of lying to her, that is, when the student finds her case is not going right, at this point, what is the function of the supervisor? Of course, to let the client and the situation discipline the student first as far as she is able to see it and change her attitudes. But where the student is blind to her own part in it and blames some element in the situation, the supervisor may have to give the student some interpretation of her part in the situation. Sometimes, largely depending on how it is given, this may operate as ego criticism, very painful, often destructive to the student. Frequently, however, the ego hurt is less important than the sense of union which comes from being given such intimate consideration, from being understood even in one's mistake. Here again the relationship is driven deeper and can only be handled by the supervisor's unfailing respect for the integrity and independence of the student and of her right to solve her own problems.

As the training experience progresses, the student must become increasingly aware of herself in every contact, must become conscious and analytic of her naïve identifications and forego her old security in spontaneous contact for a security painfully achieved in professional contact where the client's reality not her own is of paramount importance. Frequently there is a period here of very depressing experience when the supervisor's security and taken-for-granted and accepted confidence in the job, in people, and in the student may be an important factor in making it possible for the student to persevere in training. Again in this period the supervisor's function in

guiding the choice of cases and controlling the case load is valuable in that it enables her to see that the student has sufficient spontaneous and successful contacts not to lose her security too completely on her old basis before a new security based on true understanding and acceptance develops.

The length of time which a student should spend with this first supervisor should be an individual matter dependent on the student's growth and readiness to take over her own responsibility. Actually it must be arbitrarily determined by school terms and agency emergencies. Leaving the supervisor to whom one has been a student and transferring to a relationship with a supervisor in which one is regarded as a worker constitutes a separation experience through which, if the supervisor has left the student really free, the student should develop the attitude which will permit her clients to leave her in true independence.

The training school must emphasize experience and relationship, as well as subject matter and knowledge, as elements in the curriculum if the student's growth in acceptance of difference is important rather than merely her acquirement of knowledge content. The business of certification becomes more difficult on this basis for it is comparatively easy to measure knowledge acquirement but impossible to measure or define a standard for a growth process. The student's experience in her training period at the school releases something, stimulates a new development of self consciousness, a new awareness of others. Where this growth process will carry her, no one can say; at what point we could stop to measure that process and say this is a trained case worker, can be only arbitrarily determined. Of just one thing we can be cer-

tain that only as this process is profound and deep rooted and continuous will the worker be able, with safety to herself and others, to take over the tremendous responsibility which the social case work job puts upon her.

The multifold delicate problems involved in the supervisor's task of making the supervisory relationship educational for the student have been merely hinted at. It is only very recently that the supervisor has become self conscious about her part in the student's development and willing to attempt to articulate her problems. Some of the problems of relationship I have indicated in this chapter were formulated by a small group of supervisors in Philadelphia who had students from the Pennsylvania School of Social and Health Work meeting over a period of a year for discussion of common problems. Other groups of supervisors are meeting on students' problems in connection with other schools. The major problem which such discussions reveal was brought to the surface sharply in the reaction of young workers and students to Miss Marcus' paper given at the Des Moines National Conference on "How Case Work Training May be Adapted to Meet the Worker's Personal Problems."[4] They evidenced a real fear of the relationship on this basis, and unwillingness to have supervision extend to the personal problems of the worker, to be "case-worked."

Two factors seem to lie back of this reaction, first, the natural fear of the naïve person who has not yet analyzed his own reactions, of change, of becoming different. Students just out of College entering a school of social work expect to *learn* but not to *change* in any degree. The

[4] Grace Marcus, "How Case Work Training Can be Adapted to Meet the Worker's Personal Problems," *Mental Hygiene*, Vol. XI, No. 3 (July, 1927), pp. 449-59.

second factor, which operates with the worker more than the student, is her disbelief in the supervisor's capacity to maintain the relationship on a truly reciprocal basis. As long as her own relationships with her clients involve any manipulation of his situation or control of his will, she dreads the same interference with her integrity on the part of her supervisor. Through her relationships in ordinary life, with parents, relatives, friends, she very rarely gets the kind of experience in understanding and being understood which produces an attitude free of personal need which can see and respect the reality of the other person. Perhaps the worker's only chance to learn this attitude is through the experience in relationship with the supervisor who has this attitude and can give to her worker the acceptance and consideration which she in turn can hold out to her clients.

In conclusion, we have found the worker's security in her self and her acceptance of the unique difference of the other to be the fundamental equipment for therapeutic relationship in case work. We recognized this attitude to be a growth process starting in the student's reactions to likeness and difference in her contacts with clients and in her relationship to her supervisor. The supervisor plays the most strategic role in the student's development in that she has control over the choice of material to be worked on and since, through the experience in relation to her, the student learns the attitudes which she will take in her treatment of her clients. We believe that this relationship is most acceptable and constructive for the student if it is entered into on a teacher-student basis of working on a common problem, giving to the student as much responsibility and freedom as she will take to solve her own problems. But we recognize also that the very

nature of the relationship problems in case work forces a concentration upon the student's part in the situation with the client, which may involve the supervisor in a greater responsibility for the student's relationship problems. This demands of the supervisor a truly "analyzed" self consciousness as to her own attitudes and the keenest sensitivity to the attitudes of others. The evolution of such self consciousness takes place only in experience in analyzed relationships.[5]

[5] The question has been asked whether I mean to imply here that the supervisor requires a professional analysis as part of her technical equipment. I should be sorry to seem so dogmatic in regard to an experience which each individual must accept or reject for himself on personal as well as professional grounds. I can only say that for myself experience in the dynamic controlled relationship offered in an analysis afforded a unique opportunity for a new orientation of the self to the other and for deeper insight into the meanings of attitudes and reactions in relationship to situations.

CHAPTER XVI

CONCLUSION

In conclusion we may look at this whole development in case work which these chapters have attempted to survey as a relationship problem, the relationship of the agency and the worker to other human beings and their maladjustments under social conditions. The first approach was corrective and disciplinary as human problems first forced themselves into consciousness under such guise as "poverty," "dependency," "disease." A second stage growing out of actual human contacts followed in which "poor families," "widows," "drunkards," and "neglected children" emerged, more or less as types for whom definite, authoritative social treatment could be prescribed. A third stage described in *Social Diagnosis* carried this line of development to its logical conclusion, leaving the problem carefully analyzed but still located in the "other," in the environment. The concept of the social self on which *Social Diagnosis* rests, though a very much more evolved conception of the individual than that inherent in earlier social treatment, nevertheless lacks intrinsic unity and true individuality. The process of diagnosis scientifically conceived by Miss Richmond, is therefore, an effort to put together a patchwork of external impressions gathered by the process of investigation, while treatment becomes a re-arrangement of these pieces in the environment in accordance with some social plan of well being which the worker has in mind for the situation.

Along with this trend which culminates in thorough study of environmental factors and in a sound social treatment plan, goes another trend, a drive to know the client

himself more intimately. If we think of the first trend as the worker's projection of her own problem and her own need to solve it on her material, in the second trend we see the worker becoming lost in identification with the problem of other human beings. In the first, the problem is externalized and causes are located in the environment; in the latter, the problem becomes more subjective and causes are sought for in the meaning of the individual's own experience and in the individual himself. So case work moves from a sociological into a psychological phase of development.

In the brief span of its history in the psychological phase, the decade 1920-1930, we have recognized two phases in the relationship problem of the case worker to her clients. In the first stages of this movement, she is absorbed in her identification with the client's past and history is emphasized sometimes at the expense of understanding and usually at the expense of treatment. Or rather to put it differently, history is used to escape from the responsibility of treatment as increasingly the deepening knowledge of the client and his complex individuality makes it impossible for the worker to continue to project a "sound social plan."

The second stage in which we are working in 1930 reveals a new development in the worker's growing acceptance of responsibility for the treatment relationship between herself and the client as the dynamic new experience in which therapeutic change may take place. There is still great vagueness, uncertainty, and insecurity about the nature of this relationship and the treatment of the client is very differently conceived in different places, an outstanding difference being between the school that maintains a point for point relationship in which the

worker manipulates the client's inner life as before she manipulated the environment, and between the school which is interested in the relationship as a new environment which gives the client opportunity to work out his own problems.

In this latter point of view with which I have allied myself in this presentation, problems of technique and method fall into insignificance before the all-important problem of the worker's own attitude towards herself and the client. It becomes increasingly clear that an acceptance of herself and of the other, a development of self consciousness in relationships, a constant process of analysis of herself and the other in interaction, beyond what is required for the contacts of successful everyday living, is demanded of the worker if this emphasis on relationship is to be safe and therapeutic.

We have analyzed but a few of the many conflicts which lie in the relationship of the one seeking help to the helper. Other conflicts will force themselves upon our attention for analysis and solution as we concentrate more intensively upon the relationship aspect of treatment.

One of these conflicts prominent in this discussion will probably have emerged in the mind of the reader as the focal point of criticism for this whole point of view. What of the essential conflict between the emphasis on the relationship with the individual and the relationship with the community to which the agency is to some extent responsible. Is there an insolvable conflict of loyalties here? From time immemorial, social betterment, family welfare, child welfare have been the large term through which social case work has been interpreted to the public to justify expenditure of time and money. Among case workers themselves there is great confusion as to whether

the ultimate aim of their efforts is to increase the sum total of human happiness, to further social welfare, or to give to the individual client a sincere and objective understanding of his problems. As the latter aim seems insufficient to some workers the next decade will see a resurgence of active treatment methods and of advocacy of social reform such as old age pensions and health insurance, the latter a wholesome corrective for the intensive concern with the individual's inner life in which, I believe, one group of case workers will remain increasingly absorbed. Perhaps this division of interest may develop as, in medicine, the distinction between public health and individual medicine.

If the history of social case work teaches anything it teaches this one thing outstandingly, that only in this field of the individual's reaction patterns and in the possibilities of therapeutic change in these patterns through responsible self conscious relationships can there be any possibility of a legitimate professional case work field. If case work accepts squarely this responsibility for relationship it has a field for research, for experiment, demanding the most untiring scientific accuracy and the most sincere unceasing self discipline. It must always remain closely related to scientific research and therapeutic efforts in psychology, psychiatry, medicine, psychoanalysis, and education as these are also working in the large field of human relations but it need never be dependent upon any of these disciplines.

I believe that already we see increasing acceptance of case work as individual therapy rather than social welfare, in such agencies as Child Guidance Clinics, but even here the pressure of parent, school, and community to make the child "good," "conforming," throws a constantly inter-

fering factor into the relationship with the child through which the clinic is trying to release the child to find the courage of his own way of meeting his problems.

In every enterprise which deals with human beings, the attitudes of human beings towards each other constitute the conditioning, limiting and at the same time the potentially creative factors of the enterprise. Perhaps the individual case worker's responsibility to the community lies not in justification of the community's expectation of a case work job as for relief of poverty, cure of disease, and reformation of character, but in attempting to permeate the community more thoroughly, through her own attitude, with an attitude of tolerance for the individual in his failures and faith in his possibilities for constructive self development.

There are fascinating professional problems which this group of individual case workers must tackle in the next decade. First among them, I see the problem of how to distinguish between an individual's behavior picture and his fundamental reaction pattern, secondly how to diagnose that reaction pattern in early contacts and to foresee its possibilities for growth and constructive change in a therapeutic relationship, and third, how to determine the conditions of therapeutic relationship and control the level of its development for different individuals. On the solution of the first and second problems, that is, on early diagnosis, I believe, will lie the possibility of controlled therapy. If relationship must be entered upon because of the worker's need to learn the individual's pattern for diagnostic purposes, control of treatment is out of the worker's hands before she begins. All three problems will relate the case worker to psychiatric and psychoanalytic technique and force an understanding of therapeutic

relationship in these fields in comparison with the case working relationship necessitating analysis of what problems can best be handled in one type of relationship and what in another.

This concept of social case work as individual therapy through a treatment relationship may seem to imply that the only legitimate and worth while case work efforts are in intensive relationships. On the contrary, however, this approach lends an increased interest and significance to the most limited contacts, to single interviews and refer work. If the worker brings sufficient background of knowledge of relationship problems and is able to identify with the client and at the same time maintain her own difference, the task of receiving and analyzing applications for help becomes a fascinating one and may also have its own therapeutic value. To be able to reject cases on the basis of the client's inability to use help, to refuse to lift the burden from the client's shoulders when it would be to his advantage to solve his own problem, to withdraw when the only need the client has of her is to receive his blame, demands the greatest skill and knowledge a case worker can develop. In addition it demands the most developed and genuine objectivity to be able to conduct these interviews in such a way that the application is rejected and not the applicant. Only if the worker has a really profound understanding of the factors at work in the client's situation, has really accepted herself as well as the client so that she has no separation problem of her own involved in these rejections, will she be able to refuse to give to the client, simply, without accusation, apology, or protest.

Problems of training new workers and students must be in the foreground in the next decade and of the inter-

pretations of a case work point of view to other professional and lay groups, again through contacts and relationships rather than verbal interpretation.

When we consider the worker upon whose education all therapy depends, we shall be wise if we maintain a profound scepticism as to the possibilities of human nature to measure up to so tremendous a task—a scepticism which will modify our expectations of results in a one, two, or even three years' course of training.

Today the worker is having to resign her reliance upon social norms, moral standards, and sound treatment plans, in favor of limited treatment ends and the stimulation of growth processes within the individual which may carry him she knows not where. She has no security in the case work job except as she is able to find it in herself, and in the other, in a faith in the growth process and capacity for change which she knows in the client because she has experienced them in herself through relationship. The assurance with which case work will move ahead, experimentally and courageously to professional status in spite of scepticism is founded on steady development in the understanding of personality stabilized in substantial knowledge content, on the gradual accumulation of a body of experience in discriminating and defining reaction patterns, and above all, in the growth of an attitude characteristic of progressive movements today, of acceptance of the individual's unique difference and of the dynamic, creative possibilities in relationship.

APPENDIX

From *Social Case Work Generic and Specific*

1. History

Dates and places of births, marriages, deaths, deaths of individual members of family group; causes of death
Date of coming to U. S.; previous and present residences; citizenship; legal settlement
Education: school grades reached; special training
Social service exchange data; records of other agencies
Court records
Health records; statements from physicians, clinics, hospitals which have known any of group as to physical or mental illness or handicaps
Development history; age of dentition, etc., of members of family
Background
  family
  racial (national)
  cultural
  educational—school records past and present
  religious or church affilation
  industrial—work records past and present
  recreation and special interests
Analysis of social difficulties
Previous plans of treatment
Response to treatment activities

2. Current Personal Data

Marital status
Social status
Income: sources
Budget
Debts
Resources

Usual occupation and weekly wage
Relationships
within family group—husband and wife, parents and children, and children to each other
with relatives
with employers and fellow workers
with friends and neighbors
with teachers and fellow pupils
Radical changes in reaction to environment
Personality data
habits of individual
in day-to-day, living, eating, sleeping, drinking, etc.
re:health
work
play
education
sex
religious observances
attitudes of individual
evidences or lack of social responsibility
evidences of lack of individual responsibility
ambitions
choice of companions
appearance
interests
abilities; disabilities
likes; dislikes

3. Current Environmental Data

Housing: number of rooms; rent; condition of house; sleeping conditions; ventilation; light; cleanliness, etc.; condition of neighborhood
Community facilities or lacks
Church
Place of work, trade or occupation
School

Groupal relationships: clubs, labor unions, fraternal and other groups
Racial or national characteristics of neighborhood
Conflicts due to racial or national differences
Standing in the community
Reversals in financial status
Radical changes in general environment
Significant changes in neighborhood or location
Standards of living
manners
general atmosphere
general attitudes of members of family toward one another
relatives—attitude toward family or individual attitude toward discipline
presence or lack of family group activities
interest in housekeeping and home standards

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